

Kansas Corporation Commission Oil & Gas Conservation Division

1101071

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec TwpS. R
GSW Permit #:	County: Permit #:
GSW Permit #: Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Permit #:

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Letter of Confidentiality Received					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I III Approved by: Date:					

Side Two



Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pe t-in pressures, whether st, along with final char well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	logical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy		Yes No Yes No Yes No					
List All E. Logs Run:							
				lew Used			
D (0)	Size Hole	Report all strings set	t-conductor, surface, in Weight	termediate, producti Setting	on, etc. Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITION					
Purpose:	Donth		AL CEMENTING / SQ	UEEZE RECORD			
Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	# Sacks Used Type			
Protect Casing Plug Back TD							
Plug Off Zone							
Shots Per Foot	PERFORATI	ON RECORD - Bridge Plu	ıgs Set/Type		cture, Shot, Cement		
	Specify	Footage of Each Interval Pe	erforated	(Ai	mount and Kind of Ma	aterial Used)	Depth
				ļ <u>-</u>			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	iter B	bls. (Gas-Oil Ratio	Gravity
		'					
	ON OF GAS:		METHOD OF COMPL			PRODUCTIO	ON INTERVAL:
Vented Sold		Open Hole			nmingled mit ACO-4)		
(If vented, Sui	bmit ACO-18.)	Other (Specify)					



Notice: Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

the same are true and correct, so help me God.

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1077024

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			1	API No. 15	5			
Name:								
Address 1:					Sec To	wp S. R East West		
Address 2:					Feet from	North / South Line of Section		
City:	State:	Zip: +			Feet from	East / West Line of Section		
Contact Person:				Footages	Calculated from Neare	est Outside Section Corner:		
Phone: ()					□ NE □ NW □	SE SW		
Type of Well: (Check one) Oil Well Gas Well OG D&A Cathodi Water Supply Well Other: SWD Permit #: ENHR Permit #: Gas Storage Permit #: Is ACO-1 filed? Yes No If not, is well log attached? Yes				County: Well #: Well #: The plugging proposal was approved on: (Date)				
Producing Formation(s): List A	All (If needed attach another	sheet)		by:		(KCC District Agent's Name)		
Depth to	Top: Botto	m: T.D m: T.D m: T.D		00 0				
Show depth and thickness of	all water, oil and gas forma	itions.						
Oil, Gas or Water	Records		Casing R	ecord (Surfa	ace, Conductor & Produ	ection)		
Formation	Content	Casing	Size		Setting Depth	Pulled Out		
Describe in detail the manner cement or other plugs were us						ods used in introducing it into the hole. If		
Plugging Contractor License #	t:		Name: _					
Address 1:			Address	2:				
City:				State:		Zip:+		
Phone: ()								
Name of Party Responsible fo	r Plugging Fees:							
State of	County, _							
	(Print Name)			Em	ployee of Operator or	Operator on above-described well,		

Submitted Electronically

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and



LOCATION OXYAWA KS
FOREMAN Fred Maria

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

020-431-9210	01 800-401-0010					
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY.
1/17/12	5949	Crawford # 101	NW 1	16	20	FR
CUSTOMER						
10	1 Sources	COTP	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS .		506	FREMAD	Safely	why.
120	shorel	ine Dr	495	HARBEC	HAB	1
CITY	4	STATE ZIP CODE	370	GARMOD	G.M	
Louis	burg	KS: 66053	548	RYASIN	RS.	
JOB TYPE	4	HOLE SIZE 578 HOLE DEP		CASING SIZE & V	VEIGHT NIA	
CASING DEPTH	н	DRILL PIPETUBING			OTHER	
SLURRY WEIGH	нт	SLURRY VOL WATER ga	l/sk			
DISPLACEMEN		DISPLACEMENT PSI MIX PSI		RATE BPM		
REMARKS: E	Establish	circulation thru 1"	Tubing M	1x 10 5Ks (ement.	7
	Spat +h	10 1 JUDNY @ 680 -	Pull Robin	1 to 350	Fill	
	to 30140	co all coment. P.	11 remain	Dog L" XUL	· My +	
	TOP OFF	W/ Coment. Wash	out I' pile	العا	0	
		.7-				
		63 sks 50/50 Poz	mix Cem	ut 6666	el	
				1		
			**	Led Su	oden	*

					*
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or	PRODUCT	UNIT PRICE	TOTAL
5405N		PUMP CHARGE Plac	495		: 10300
5406		MILEAGE			NIC
5407	44 minimon	You Miles	548		8750
55020	1/2 hr	80 BBL Vac Truck	טל צ		13509
*			*		
1124	68 SKS	50/50 Por Mix Concert			6898
11188	318₩	Premion Gel			667
				· ·	
Y.					
		17			
		107100			
		111	·		
		Y A CONTRACTOR	, G. U)		
			7.8%	₹ SALES TAX	5902
avin 3737	V 11.			ESTIMATED TOTAL	2068
LITUOPIZTION	Ann XX	/ TITLE	7. 1	DATE	

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form