

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1101192

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	County:
Name:	
Wellsite Geologist:	
Purchaser:	-
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.): If Workover/Re-entry: Old Well Info as follows:	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: feet depth to: w/
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 SWE	Chloride content: ppm Fluid volume: bbls
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	License #:
SWD Permit #:	QuarterSec TwpS. R East 🗌 West
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	-

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 II III Approved by: Date:						

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional She	eets)	Yes No			n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	 Yes No Yes No Yes No 					
List All E. Logs Run:							
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, etc.		1
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				ļ	Depth				
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITIO	N OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INTER	RVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC)-18.)		Other (Specify)						

	CONSOLIDATED QUI Welli Services, LLC			TICKET NUM LOCATION FOREMAN	hanness our grant and a second s	
	Chanute, KS 66720 FI or 800-467-8676	ELD TICKET & TRE CEME		PORT		
DATE	CUSTOMER# WE	LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/16/12	7069 Reyno	Ids 19 With	SE 5	17	22	PRM
CUSTOMER	esch Oil Well	,	TDUCK#			
MAILING ADDRI			TRUCK#	DRIVER	TRUCK#	DRIVER
PO	Box 520		495	HARBEC HARBEC	Safety.	pite
CITY	STATE	ZIP CODE	369	DERMAS	DM	
o that	eusa Ks	66067	558	RVASIN	RS	
JOB TYPE LO	AGSTY HOLE SIZE	5078 HOLE DEP	and the second se	CASING SIZE & V		EU-E
CASING DEPTH	1 718 DRILL PIPE	TUBING	(M)		OTHER	
SLURRY WEIGH	IT SLURRY VOL	WATER ga	l/sk	CEMENT LEFT in		" Plic
DISPLACEMEN				RATE SBPY	n	7
REMARKS: C	uck Casin, depth	uf utiveline mi	XX Punio 10	# Promine	bel Flush	
Mix	+ PUMD /11 SI	ts Jo/JO Pozn	lix Ceme	× 22 Cul	Cours	*-
- Suto	ice - Flush pu	mp + lines clea	m, Displace	e 22" Rub	ber Plur	to
Cas	My TO, Press	uve to 8007	* PSI. Rel	ease pre	SSUre x	6
S-ex	Fort value. Sh	which casing.			а ₄	
	2 1 10	0		2		
					· · · · ·	
				7	,	
Nat	Drillsy			- Tul YU	lodu	
ACCOUNT	0	: 				
CODE	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		. 495		103000
5406	20 mi	MILEAGE	-	495		50 =9
5402	718'	Casing Footo	ge			N/C
5407	Minimum	Ton miles	· · ·	558		350°2
3502C	1's hrs	80 BBC Vac	Truck	369		13500
	-					103
1124	111 5/45	50/50 Por Mi	x Count			12 45
1118B	280#	Premium 6		· · · · · · · · · · · · · · · · · · ·		1215 45
4402)	2/2 "Rubber	D/m			2800
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8				PA		
-	i.			· · · ·		
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			1107		· · · ·	
		NILT-	148-			
		1 1410				
		0		7.55%	SALES TAX	- ag'41

Ravin 3737

AUTHORIZTION

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

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TITLE

ON

A

SALES TAX

ESTIMATED

TOTAL

DATE