



KANSAS CORPORATION COMMISSION 1101355  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- 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:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

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 #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

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/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

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  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1101355

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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CONSOLIDATED  
Oil Well Services, LLC



TICKET NUMBER 35624

LOCATION Fixers

FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT

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

CEMENT API # 15-015-23961

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/20/12	2000	Lacoon #1	16	265	8E	Butler
CUSTOMER		C+G Drilling		TRUCK #	DRIVER	TRUCK #
MAILING ADDRESS		701 E. River St.		520	Allen B.	
CITY	STATE	ZIP CODE		611	Christon	
Chanute	KS	670095				

JOB TYPE 4/5 0 HOLE SIZE 7 7/8" HOLE DEPTH 2547' CASING SIZE & WEIGHT 5 1/2" wsc 14 #  
 CASING DEPTH 2548' KS. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 136 # SLURRY VOL. 35 bbl WATER gal/sk 9.0 CEMENT LEFT IN CASING 0'  
 DISPLACEMENT 60 bbl DISPLACEMENT PSI 1000 MR PSI/2000 Rope plus RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 5 1/2" casing w/ rotating head. Break circulation w/ 5 bbl fresh water. Pump 12 bbl metasilicate pre-flush, 5 bbl water spacer. Mixed 90 sec. Thickest cement w/ 5# Kals-seal/sk + 1# phenoseal/sk @ 13.6 #/gal. Washout pump + loss. Release latch down plug. Displace w/ 60 bbl fresh water. Final pump pressure was 132. Pump plug to 1200 PSI. Release pressure, float + plug held. Good circulation @ all times. Job complete. Rig down.

Plugged rethole w/ 20 sec  
Cent. # 1359.15  
best # 16  
Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	15	MILEAGE	4.00	60.00
1126A	110 SKS	thicket cement	19.20	2112.00
1110A	550 #	5# Kals-seal/sk	.46	253.00
1100A	110 #	1# phenoseal/sk	1.29	141.90
1111A	100 #	metasilicate pre-flush	2.00	200.00
5407	6.05	for mileage bulk-trk	n/c	350.00
4164	1	5 1/2" cement basket	229.00	229.00
4130	5	5 1/2" x 7 7/8" centralizers	48.00	240.00
4159	1	5 1/2" AFV filed shoe	344.00	344.00
4154	1	5 1/2" latch down plug	254.00	254.00
5611	1	Rental on 5 1/2" rotating head	100.00	100.00
		0% Discount		
	253938	<2878.067		
		5283.03		
		SALES TAX	5313.70	
		ESTIMATED TOTAL	8441.19	
			5661.09	

AUTHORIZATION Cotton TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 Ravin 3737

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.





**FIELD TICKET & TREATMENT REPORT**

Box 884, Chanute, KS 66720  
20-431-9210 or 800-467-8676

CEMENT API # 15-015 - 23961

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-17-12	2600	Larcom #1	16	265	8E	Butler
CUSTOMER	C+6 Drilling		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS		701 E River St	445	Dave G		
CITY	Eureka	STATE	479	Joey K		
	KS	ZIP CODE				
		67045				

JOB TYPE SP 0 HOLE SIZE 12 1/4" HOLE DEPTH 217' CASING SIZE & WEIGHT 8 3/8" OTHER

CASING DEPTH 211 K.B. DRILL PIPE — TUBING —

SLURRY WEIGHT 14.5-15# SLURRY VOL 27 Bbl WATER gal/sk 6.4 CEMENT LEFT IN CASING 15'

DISPLACEMENT 12.4 Bbl DISPLACEMENT PSI 100 MIX PSI 100 RATE 5 BPM

REMARKS: Safety Meeting, Rig up to 8 3/8 Casing, Break Circulation w/ 5 Bbl water, mixed 110 sks Class A Cement with 30% calcium, 20% gel, & 1/4# Floccle/sk @ 14.5-15#/gal. Displace w/ 12.4 Bbl water & shut casing in. Good circulation @ all times/ 5 Bbl Slurry to pit.

Thanks Shannon & Crew!

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
54066	15	MILEAGE	4.00	60.00
11045	110 SKS	Class A cement	14.95	1644.50
1102	310 #	Calcium @ 3%	.74	229.40
1118 B	210 #	Gel @ 2%	.21	44.10
1107	28 #	Floccle @ 14#/sk	2.35	65.80
5407	5.17	Ton mileage bulk Truck	M/K	350.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;">                     6% Discount                      &lt;del&gt;167.417&lt;/del&gt;                      @ 3181.20                 </div>				
			Sub Total	3218.80
			SALES TAX	129.94
			ESTIMATED TOTAL	3348.74

Ravin 3737

AUTHORIZATION *Shannon*

TITLE 253926

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.