

Kansas Corporation Commission Oil & Gas Conservation Division

1103655

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 🔲 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 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	Chloride content: ppm Fluid volume: bbls Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec Twp S. R				
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date 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 Approved by: Date:						

Side Two



Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), De		nd Datum	Sample	
Samples Sent to Geo	ological Survev	☐ Yes ☐ No	Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No-	ew Used ermediate, producti	on, 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1		
Purpose: —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used	acks Used Type and Percent Additives			
—— Plug Back TD —— Plug Off Zone							
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plu Footage of Each Interval Pe	gs Set/Type rforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD OF COMPLETION:			PRODUCTION INTERVAL:		
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		

ALLIED CEMENTING 04 245

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TYPE OF JOB A
HOLE SIZE 12
CASING SIZE 5
TUBING SIZE
DRILL PIPE 4 REMIT TO LEASE OUNG OLD OR NEW (Circle one) TYPE OF JOB BUTY MEAS, LINE CEMENT LEFT IN PUMPTRUCK DISPLACEMENT BULKTRUCK 120 for 5 02 151 BULK TRUCK ES. MAX Cicales, CITY. CHARGE TO: Liberty 720 To Allied Cementing Co., LLC. and furnish cementer and helper(s) to assist owner or contractor. I have read and understand the "GENERAL done to satisfaction and supervision of owner agent or contractor to do work as is listed. The above work was You are hereby requested to rent cementing equipment PRINTED NAME X CENTY TERMS AND CONDITIONS" listed on the reverse side Johnson of 500 P.O. BOX 31 RUSSELL, KANSAS 67665 2/3 14 14 SEC. WELL # AZ 200 mx DRIVER CSG. CEMENTER. 2 DRIVER HELPER T my 1375 Mix 12 þ EQUIPMENT REMARKS: 7 3.5 3256 O STATE 2165 Kerry Kenne Bulliag T.D. 2 DEPTH DEPTH asn Freshware PEPTH MUMINIM SHOE JOINT 575 CP. 75 CP. RANGE 2180 **LOCATION** 22 Federal Tax I.D.# 20-5975804 ZIP 272 CALLED OUT AMOUNT ORDERED OWNER 3 CEMENT POZMIX COMMON ASC CHLORIDE DEPTH OF JOB
PUMP TRUCK CHARGE
EXTRA FOOTAGE HANDLING MILEAGE MANIFOLD MILEAGE TICKEN T wiero Rig TOTAL CHARGES U491. SALES TAX (If Any) AARD ETO 2/1X ON LOCATION Hyench 123 13 TIME PLUG & FLOAT EQUIPMENT 63X.11 SARGE SERVICE POINT: 4649.57 SERVICE らら 7 24. JOB START
5(00 AM
COUNTY
COUNTY ® **®** ⊚ **(**9) B **(9)** (8) (1/201/ Jend) \$5 **6**) **(a)** 8 **(**a) **®** (0) **®** . (P) Ð 60-501 **(a)** (a) <u>(a)</u> 8.50 2,70 999 **® @** TOTAL 2.00 7.00 TOTAL TOTAL STATE JOB FINISH Kerses IF PAID IN 30 DAYS 1055 A 1998 14% 12 133 DC 1914 A 55.7 1833. 2/2.00 9 6 N. 100

SIGNATURE

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