

Kansas Corporation Commission Oil & Gas Conservation Division

1104883

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: 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	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ Conv. to GSW	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 #:	QuarterSecTwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	County Fermit #
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 III Approved by: Date:							

Side Two



Operator Name:			Lease Nan	ne:		_ Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show time tool open and clos recovery, and flow rates ine Logs surveyed. Att	ed, flowing and shut if gas to surface tes	in pressures, whethe st, along with final cha	r shut-in pressure	e reached static leve	l, hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional Sh	neets)	Yes No		Log Formati	on (Top), Depth a	nd Datum	Sample
Samples Sent to Geolo	gical Survey	Yes No		Name		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No					
ist All E. Logs Run:							
			NG RECORD [et-conductor, surface	New Used	ction, 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
		ADDITION	IAL CEMENTING	/ SQUEEZE RECORI)		I
Purpose: Depth Type — Perforate Top Bottom — Protect Casing — Plug Back TD		Type of Cement	# Sacks Use	# Sacks Used Type and Percent Additive		Percent Additives	
Plug Off Zone							
Shots Per Foot	PERFORATIO Specify F	ON RECORD - Bridge P ootage of Each Interval F	lugs Set/Type Perforated		acture, Shot, Cemer Amount and Kind of M		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No)	
Date of First, Resumed P	roduction, SWD or ENF	HR. Producing M	lethod:	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION	N OF GAS:	· .	METHOD OF CC	MPLETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually Comp. Co	ommingled		
(If vented, Subn		Other (Specify)	•	ubmit ACO-5) (Su	bmit ACO-4)		



KET NUI	MBER	39209
LOCATION_	OAKLey	
EODEMAN	- Carrier E	

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

FIELD TICKET & TREATMENT REPORT

	or 800-467-867	6°.		CEMEN	T			(25
DATE	CUSTOMER#	WE	LL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
12-1-12	9999	HUNGH	ince I	3-1	23	2 3	24	Modeman
CUSTOMER			<i>J</i>	Todword			,	1
34000	es de	164 61		31/25	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS	ē.		1 ,2 2	463	Jeiney		
				1 w	,			
CITY		STATE	ZIP CODE	~2	693	Travis		
			3322		·	PKILOK		
	~,			_				
JOB TYPE	17 18 -	HOLE SIZE	77/8	HOLE DEPTH	4800	CASING SIZE & W	EIGHT	
CASING DEPTH		DRILL PIPE_		_TUBING			OTHER	-
SLURRY WEIGH	IT	SLURRY VOL		WATER gal/s	k	CEMENT LEFT in		
DISPLACEMENT	r	DISPLACEME	NT PSI	MIX PSI_		RATE		***************************************
REMARKS: 5	en plaga	surks-	on Ual			Dalug as	0 = 0	0
505KS		<i>d</i> ,			LDe Sa	206 0	2 4 11 12	***
805kg	@ 70	0'=				329 0		
50 5KG	@ 40	0'=	227 PIV	- De (Total and	- 206 D	· · · · · · · · · · · · · · · · · · ·	D & -
20565	@ 60		CLIC CAN	ch Ann	CO Sava	<u> </u>	P. P.	
205ts					3 3 3 4 4 4			
3054	RH							
					76.	05PS 60/40	40,00	Hatter .
			-		المراجعن	7755 OCT (U	111000	7 6 10510

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1325 00	i
5406	30	MILEAGE	500	15025
5407A	10.8 don	Ton Wilmago Delivery	162	541 23
1131	2503K5	60(4000	1512	3775=
1118 8	2505K5 860#	bolyopos Bendonte		215 2
1107	63 \$	Claseal	753	177 63
		Intotal		6183
		1855 1090		6183
		5-540441		55653
vin 3737	<u> </u>		SALES TAX	
UTHORIZTION	11/1/1		TOTAL	. ,

l 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.

