

Kansas Corporation Commission Oil & Gas Conservation Division

1105190

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 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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt
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 TwpS. R
ENHR Permit #:	County: Permit #:
GSW Permit #:	. 5
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 I II Approved by: Date:			

Side Two



Operator Name:			Lease	Name:			Well #:		
Sec Twp	S. R	East West	County	/:					
INSTRUCTIONS: Show time tool open and close recovery, and flow rates ine Logs surveyed. Atta	ed, flowing and shut- if gas to surface tes	in pressures, whether t, along with final char	shut-in pres	sure reache	ed static level,	hydrostatic press	sures, bottom h	ole tempe	ature, fluid
Orill Stem Tests Taken (Attach Additional Sh	eets)	Yes No		Log	Formation	n (Top), Depth an	d Datum	☐ Sa	ımple
Samples Sent to Geolog	•	☐ Yes ☐ No		Name			Тор	Da	atum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings se	G RECORD	New	Used	on, etc.			
Purpose of String	Size Hole Drilled	e Hole Size Casing		ght / Ft.	Setting Depth	Type of Cement	# Sacks Used		d Percent ditives
	Dillied	Set (In O.D.)	LDS.	/ 1 1.	Бериі	Cement	Osed	Aut	iitive5
		ADDITIONA	AL CEMENTI	NG / SQUEI	EZE RECORD				
Purpose: —— Perforate —— Protect Casing —— Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks	s Used		Type and F	Percent Additives		
Plug Off Zone									
Shots Per Foot	PERFORATIO Specify Fo	N RECORD - Bridge Plu potage of Each Interval Po	ugs Set/Type erforated			cture, Shot, Cement nount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:	Packer A	ıt:	Liner Run:	Yes No			
Date of First, Resumed Pr	roduction, SWD or ENH	R. Producing Me	ethod:	ng Ga	as Lift O	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bk	ols. (Gas-Oil Ratio		Gravity
DISPOSITION	N OF GAS:		METHOD OF	_			PRODUCTIO	ON INTERVA	AL:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually C (Submit AC		nmingled mit ACO-4)			
(If vented, Subm	nit ACO-18.)	Other (Specify)							

Form	ACO1 - Well Completion
Operator	Krier, Kirby Oil, Inc.
Well Name	Vernon 1
Doc ID	1105190

Tops

Name	Тор	Datum
ТОРЕКА	2711	-772
HEEBNER	2996	-1057
TORONTO	3014	-1075
DOUGLAS	3026	-1087
BROWN LIME	3090	-1151
LANSING	3108	-1169
GRANITE WASH	3400	-1461
GRANITE	3457	-1518
RTD	3472	-1532

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Home Office P.O. Box 32 Russell, KS 67665 No. Phone 785-483-2025 Cell 785-324-1041 Finish On Location State Sec. Twp. Range County Location Lease Vernan Well No. Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. Hole Size T.D. Depth Street Csg State Depth City Tba. Size The above was done to satisfaction and supervision of owner agent or contractor. Depth Tool Cement Amount Ordered Shoe Joint Cement Left in Csg Displace Meas Line EQUIPMENT Common Cementer Poz. Mix Helper Pumptrk 1 Driver / No. Gel. Bulktrk Driver Driver Calcium Bulktrk / **JOB SERVICES & REMARKS** Hulls Salt Remarks: Flowseal Rat Hole Kol-Seal Mouse Hole Mud CLR 48 Centralizers CFL-117 or CD110 CAF 38 Baskets D/V or Port Collar Sand Handling Mileage FLOAT EQUIPMENT Guide Shoe Centralizer Baskets AFU Inserts Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount X Signature **Total Charge**

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