

Kansas Corporation Commission Oil & Gas Conservation Division

1105430

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 III Approved by: Date:

Side Two

1105430

Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geol	ogical Survey	Yes No	Naı	me		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
				New Used			
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, ir Weight	Setting	on, etc. Type of	# Sacks	Type and Percent
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
	I	ADDITION	NAL CEMENTING / SQ	UEEZE RECORD			I
Purpose:	Depth	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Perforate Protect Casing	Top Bottom	31					
Plug Back TD							
Plug Off Zone							
Shots Per Foot	PERFORATI Specify	ION RECORD - Bridge F Footage of Each Interval	Plugs Set/Type Perforated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (Gas-Oil Ratio	Gravity
DIODOGITIC	DN 05 040		METHOD OF OCCUP	FTIONI		DDOD! IOT!	NALIAITEDVA
	ON OF GAS:	Open Hole	METHOD OF COMP		nmingled	PRODUCTIO	ON INTERVAL:
Vented Sold		Other (Specify)	(Subm		mit ACO-4)		



LOCATION OXX Aura KS
FOREMAN Fred Maden

DATE

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

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/25/11	7069	Hendrix #w	wl	NW 30	14	22	50
CUSTOMER				Marian Committee			
Reusch Oil Well TRUCK# DRIVER TRUCK# DRIVER							
MAILING ADDRE	ESS	*		506	FREMAD	Satery	nets
ρ. ε). Box	520		495	HARBEC	AA	
CITY		STATE ZIP CODE		369	DERMAS	Dm.	
Otta	wa	KS 6606	לק	510	KELDET	KD	
JOB TYPE La	ngstring	HOLE SIZE 578	HOLE DEPTH	1 9.32'	CASING SIZE & W	/EIGHT 278	EUF
CASING DEPTH	999093	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 25" Plug						Plug	
DISPLACEMENT 5:43 BB_DISPLACEMENT PSI MIX PSI RATE 58PM						0	
REMARKS: Establish pump rate. Mix+ Pump 100 Premium Gel Flysh.							
Mix + Pump 127 5145 50/50 Por Mix Comens 2% Cal "14# Flo Seal							
per sk. Coment to surface. Flush pumpy lines clean.							
Displace 21/2" rubberplus to rasing To w/5.43 BBL Fresh							
water. Pressure to 800 # PSI. Hold Pressure for 30 min MIT							
Roleage Prossure to sex flood value. Shot in casine							
Evans Energy Dev. Ler (Kenny) Feel Morles							
		14	0-		-		
ACCOUNT						Ya.	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRIC	
5401	1	PUMP CHARGE	495		975-00
5406	30	MILEAGE	495		12000
5402	935	Casing toologe			NE
5407	minimum	Ton Miles	510		33000
5502C		80 BBL Vac Truck	369		13500
	ų.				
20			:		×
1124	127 5KS	50/50 Por MixCement			13271
11183	127.5KS 314#	Promium Cel			628
7107	32.	Flo Seal			7104
4402	1	2's" Rubber Plug	,		2800
		2			
7.					
		1			
		100			
<i>S</i>	,	381		· .	
		245		3	
Doub 0707			7. 525%		
Ravin 3737	1		4	ESTIMATE	316 05
	1771 10	()	1.5		

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.