



KANSAS CORPORATION COMMISSION 1108216
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: _____



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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method:
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

rd ck # 3860 - 8/30/12

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 251648

Invoice Date: 07/30/2012 Terms:

Page 1

SHEEDY ENERGY PRODUCTION CO
ATTN: CHARLES SHEEDY
709 EAST KANSAS
YATES CENTER KS 66783
(620) 625-3440

CHARLES SHEEDY ETAL #2
37662
27-25S-14E
07-28-12
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	160.00	19.2000	3072.00
1110A	KOL SEAL (50# BAG)	640.00	.4600	294.40
1107A	PHENOSEAL (M) 40# BAG)	80.00	1.2900	103.20
1118B	PREMIUM GEL / BENTONITE	400.00	.2100	84.00
1123	CITY WATER	6000.00	.0165	99.00
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00

Description	Hours	Unit Price	Total
445 CEMENT PUMP	1.00	1030.00	1030.00
445 EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00
McCOY 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
611 MIN. BULK DELIVERY	1.00	350.00	350.00
637 80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00

Parts: 3697.60 Freight: .00 Tax: 269.93 AR 5987.53
Labor: .00 Misc: .00 Total: 5987.53
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 37662
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-207-27982

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-28-12	7390	Charles Sheedy etal # 2	27	253	14E	Woodson
CUSTOMER Sheedy Energy Production Co. Rig 6			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 709 East Kansas			445	Dave		
CITY Yates Center			611	Cliff		
STATE KS			637	Danny		
ZIP CODE 66783			83	Alm Greenwood (McGee 2010)		

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 1514' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1515' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5# SLURRY VOL 55 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 24' 6bl DISPLACEMENT PSI 600 ~~PSI 1000~~ Bump plug RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ fresh water. Pump 8 sacks gel-flush, brought gel to surface w/ rig's mud pump. Mixed 160 sacks thickset cement w/ 4" Kol-seal/sk + 1/2" phenoseal/sk @ 13.5#/gal. Washout pump + lines, release plug. Displace w/ 24' 6bl fresh water. Final pump pressure 600 PSI. Bump plug to 1000 PSI. release pressure, float + plug held. Good cement returns to surface = 8 Bbl slurry to pit. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	25	MILEAGE	4.00	100.00
1126A	160 sacks	thickset cement	19.20	3072.00
1110A	640#	4" Kol-seal/sk	.46	294.40
1107A	80#	1/2" phenoseal/sk	1.29	103.20
1118B	400#	gel-flush	.21	84.00
5502C	3 hrs	80 Bbl vac. TRK	90.00	270.00
5502C	3 hrs	80 Bbl vac. TRK	90.00	270.00
1123	6000 gals	city water	16.50/1000	99.00
5401	8.8	tan mileage bulk TRK	m/c	350.00
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5717.60
			SALES TAX	269.98
			ESTIMATED TOTAL	5987.58

Ravin 3737

AUTHORIZATION Ron Poffenberger TITLE Driller 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.