

Conf	identia	lity I	Requested:
Ye	es	No)

Kansas Corporation Commission Oil & Gas Conservation Division

1109184

Form ACO-1
August 2013
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:			Sec	TwpS. R	East West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from I	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long: _	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	/ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	:
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total C	Depth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume	e: bbls
Dual Completion			Dewatering method used: _		
SWD			Location of fluid disposal if	hauled offsite	
☐ ENHR			1		
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:_	
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

Page Two



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b d.	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitte						ogs must be ema	alled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
	0: 11.1					ermediate, product		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing	Top Dottom								
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the t			-		-			skip question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, i	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.			mmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)		



TICKET NUMBER LOCATION Oakley, KS FOREMAN Kelly Gabe

DATE	or 800-467-8676		** 1 A1A44 D AII-18	CEMEN				· KS
			LL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
11-10-12 CUSTOMER	7158	Helen W	Dells 4rus		18	20	35	(e)ichite
<i>B</i>	Ray mond c	110		Rd 20	TRUCK#	DOWED	TENANT PRO	
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CITY		STATE	ZIP CODE	- 3/4W	528	Jordan L	-	
				Sinto	238	Jecomys		
JOB TYPE 2	544ge	HOLE SIZE	714	 HOLE DEP(TH	5m3-		1116	
CASING DEPTH	110000	DRILL PIPE		_ HOLE DEPTH		CASING SIZE & W		
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CODE	QUANITY o	or UNITS	DE	SCRIPTION of	SERVICES or PRO		UNIT PRICE	TOTAL
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							SALES TAX	21351, 46
in 3737 2:00 AM							SALES TAX ESTIMATED TOTAL	1296.00

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.

254512



ticket number 37265 LOCATION Oakley, KS FOREMAN Kelly Gabe (

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

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676		7 3311/492	CEMEN	T			1/
DATE	CUSTOMER#		L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
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Stotler

Stark

Heebner

Lansing

Marmaton

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Mississippi

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Raymond Brack 18 #1 1733' FSL, 1486' FWL 18-20-35W Raymond Alfred Holstoin #1 SE SW NE SE 12-20-36W

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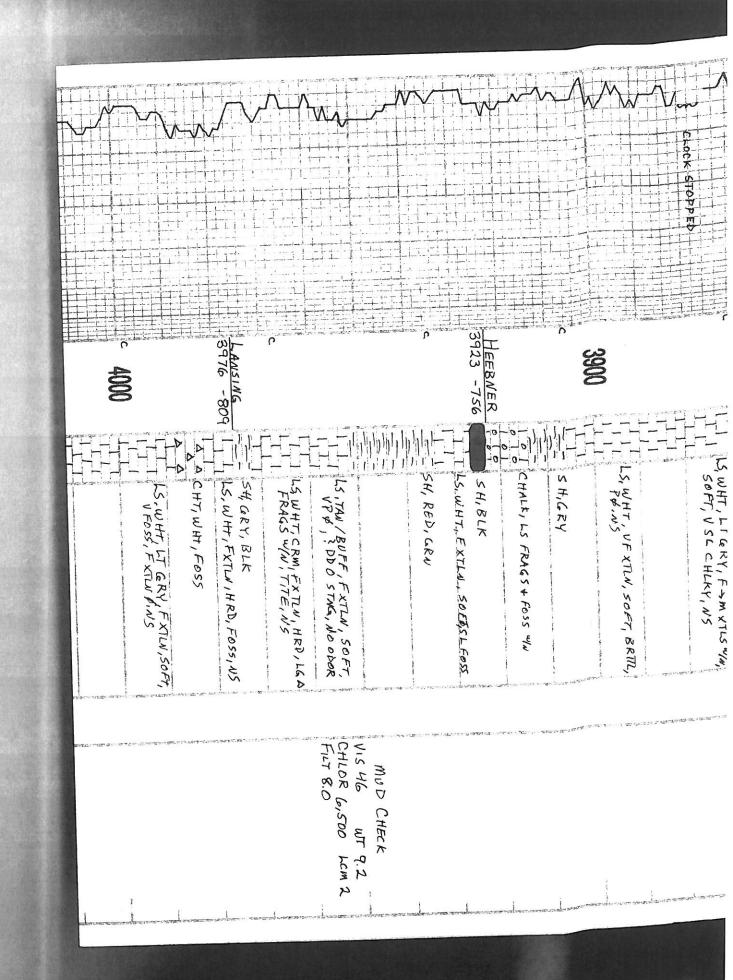
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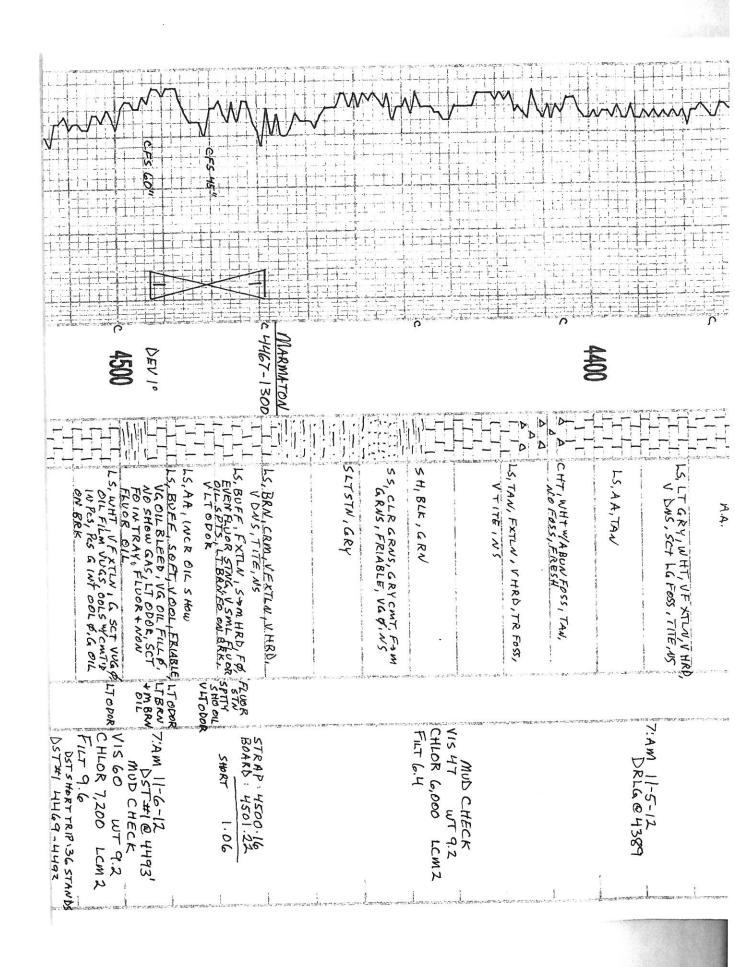
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7:AM 11-4-12 DRLG @ 3852'

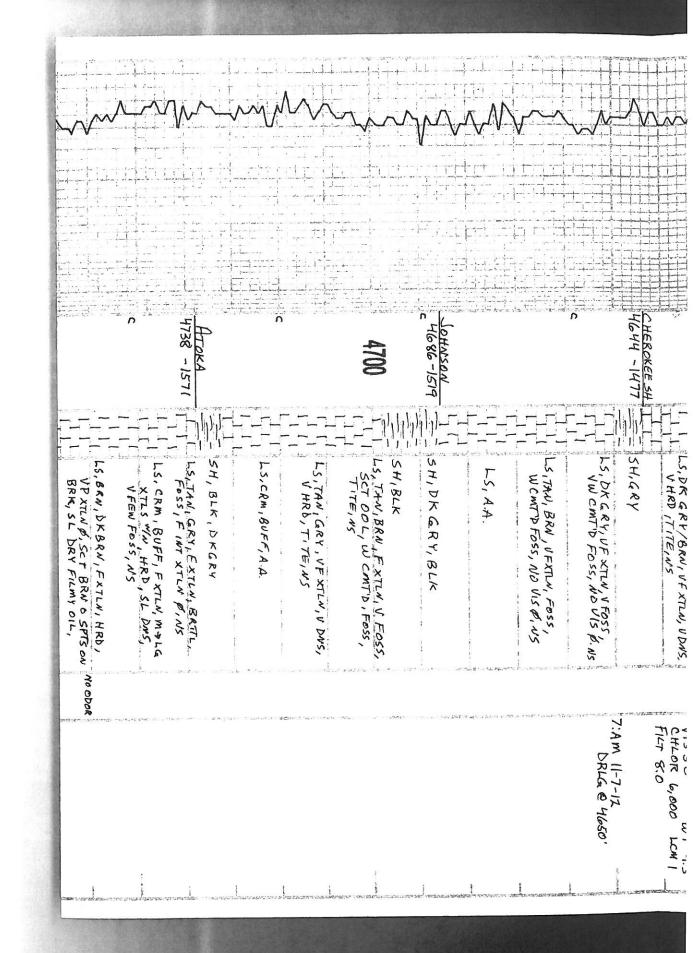


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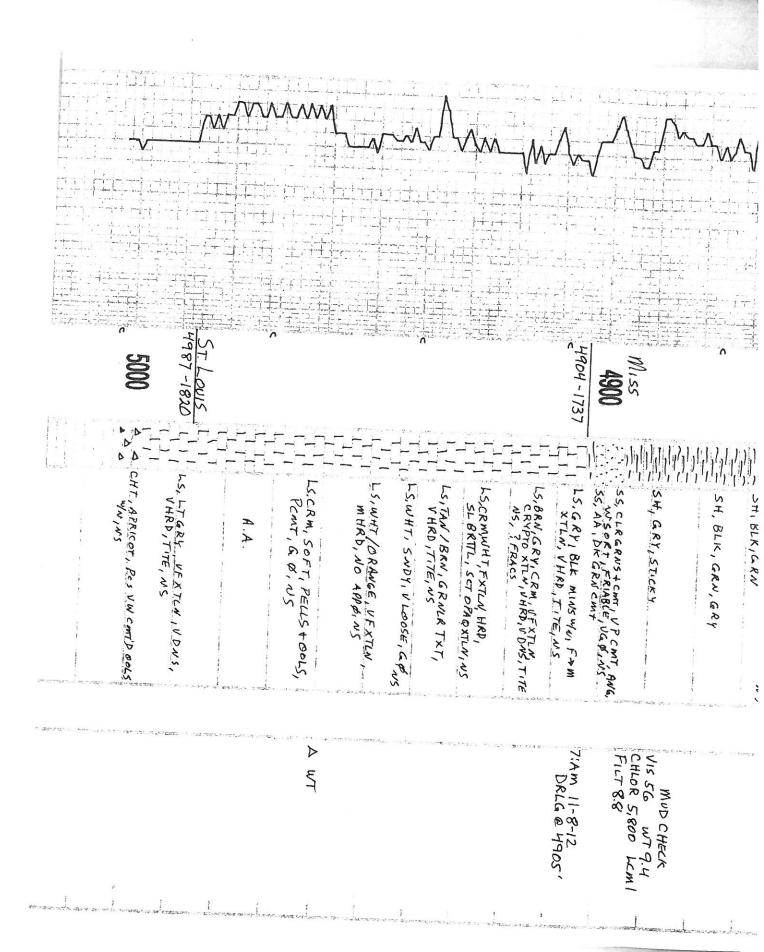
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a postavara	y		4300			-1-1- <u>-1</u>		



50.60.45.90 IF: BOB 2" 51.808 II" FF: BOB 3" FSI: BOB IO" REC: 1459' MC 40	12/4, GOCM 124' GOCM 10/6, 40/.0, 50/M	2325'G P : 01L 30 FP: 132-373, 388-590 SIP: 803-794 HP: 2208-2098		a was water a			FLUOR STW TO FEW TO WISTOF	ODOR	ediatery lyviska a transce	Service on the service of the servic	VIS 50 WT 9.3 CHLOR 6,000 LCM	
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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

January 23, 2013

Ted McHenry Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO1 API 15-203-20192-00-00 Helen Wells Trust 1 NW/4 Sec.18-20S-35W Wichita County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Ted McHenry