



KANSAS CORPORATION COMMISSION 1113958  
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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	E & B Natural Resources Management Corp.
Well Name	MARSHALL A 43SWD
Doc ID	1113958

All Electric Logs Run

Dual Compensated Porosity Log
Dual Induction Log
Microresistivity Log
Gamma Ray/Caliper Log
Sector Bond/Gamma Ray CCL Log



**CONSOLIDATED**  
Oil Well Services, LLC

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

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

INVOICE Invoice # 255162

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Invoice Date: 12/10/2012 Terms: 10/10/30,n/30 Page 1

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E & B NATURAL RESOURCES  
MANAGEMENT CORPORATION  
P.O. BOX 784  
HAYS KS 67601  
(661) 679-1700

MARSHALL #43 SWD  
39184  
31-11-17  
12-08-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	275.00	17.6500	4853.75
1102	CALCIUM CHLORIDE (50#)	776.00	.8900	690.64
1118B	PREMIUM GEL / BENTONITE	517.00	.2500	129.25
1111	SODIUM CHLORIDE (GRANULA)	100.00	.0000	.00
				<b>Total</b>
Sublet Performed	Description			
9996-130	CEMENT MATERIAL DISCOUNT			-567.36
9995-130	CEMENT EQUIPMENT DISCOUNT			-228.11
				<b>Total</b>
	Description	Hours	Unit Price	Total
399	CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
399	EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
528	TON MILEAGE DELIVERY	1.00	971.10	971.10

Amount 17,480.97  
Co. 36  
Acct. # \_\_\_\_\_  
Project # ATK - Permiling  
Cost Center 510558  
Approval \_\_\_\_\_  
KK. 12-17-12

Amount Due 8312.18 if paid after 01/09/2013

Parts:	5673.64	Freight:	.00	Tax:	321.70	AR	7480.9
Labor:	.00	Misc:	.00	Total:	7480.97		
Sublt:	-795.47	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



TICKET NUMBER 39184  
 LOCATION Oatley, KS  
 FOREMAN Kelly Gabe

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-8-12	3706	Marshall #43	31	11	17	Ellis	
CUSTOMER E & B Natural Res.		Hays North to Buckeye Rd 3E 3N 1/2 E N into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				399	Damon M		
CITY		STATE		528	Tim K		
ZIP CODE							

JOB TYPE Conductor HOLE SIZE 20 1/4 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 13 3/8 48#  
 CASING DEPTH 291 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 148 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 30'  
 DISPLACEMENT 42 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: safety meeting, rigged up on Murfin #16, hooked up to circulate, mixed 275 SKS com 380 cc 290 gel, displaced w/ 42 1/2 bbl water. shut in,  
cement did circulate  
Approx 9000 top it

*Thank you Kelly Gabe*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	41.5 mi	MILEAGE	5.00	225.00
11045	275 SKS	CLASS A cement	17.65	4853.25
1102	276#	Calcium chloride	2.89	690.64
1118B	517#	Bentonite	2.5	1293.5
5407A	13.92	Ton mileage delivery	167	971.10
1111	100#	salt		NC
				7954.74 ←
		Less 1090 disc		795.47 -
				7159.27 -
		SALES TAX		321.70
		ESTIMATED TOTAL		7480.97

**completed**

Ravin 3737  
 7:00 AM AUTHORIZATION Ag Likel TITLE T.C.P. DATE 12-8-12

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.

255162



**CONSOLIDATED**  
Oil Well Services, LLC

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

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

**INVOICE**

Invoice # 255443

Invoice Date: 12/18/2012 Terms: 10/10/30,n/30

Page 1

E & B NATURAL RESOURCES  
MANAGEMENT CORPORATION  
P.O. BOX 784  
HAYS KS 67601  
(661) 679-1700

MARSHALL A #43WD  
39226  
31-11-17  
12-17-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	240.00	22.5500	5412.00
1131	60/40 POZ MIX	850.00	15.1000	12835.00
1110A	KOL SEAL (50# BAG)	1200.00	.5600	672.00
1118B	PREMIUM GEL / BENTONITE	5848.00	.2500	1462.00
1107	FLO-SEAL (25#)	212.00	2.8200	597.84
4206	GUIDE SHOE 7"	1.00	303.0000	303.00
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00
4233	7" FLOAT INSERT	1.00	198.0000	198.00
4278	TWO STAGE CEMENTING COLL	1.00	7500.0000	7500.00
4131	CENTRALIZER 7"	6.00	69.0000	414.00
4107	CEMENT BASKET 7"	6.00	320.0000	1920.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-3181.38
9995-130	CEMENT EQUIPMENT DISCOUNT	-562.64

Description	Amount	Hours	Unit Price	Total
T-118 SINGLE PUMP	35,500.07	1.00	3020.00	3020.00
T-118 EQUIPMENT MILEAGE	36	30.00	5.00	150.00
T-127 TON MILEAGE DELIVERY	Acct. #	1.00	818.80	818.80
T-129 TON MILEAGE DELIVERY	Project # AFE # Pending	1.00	818.80	818.80
566 TON MILEAGE DELIVERY	Cost Center 510558	1.00	818.80	818.80

Approval \_\_\_\_\_

12/18/12

Amount Due 39444.52 if paid after 01/17/2013

Parts:	31813.84	Freight:	.00	Tax:	1803.85	AR	35500.07
Labor:	.00	Misc:	.00	Total:	35500.07		
Sublt:	-3744.02	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

TICKET NUMBER 39226  
LOCATION Oakley KS  
FOREMAN Miles S. Hurd  
Walt Dunkel

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-17-12	2706	Marshall A #43WD	31	11S	17W	Ellis
CUSTOMER <u>E + B Natural Resources</u>			Hays N to Burden rd 3E 3N 4E N into			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			STATE	ZIP CODE		
			4526 T118	Tim W		
			566	Tim W		
			581 T117	Jerry S		
			530 T121	Travis W		

JOB TYPE DV 2 stage HOLE SIZE 9 1/8" HOLE DEPTH 4171' CASING SIZE & WEIGHT 7" 23#  
CASING DEPTH 4179.38 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DV tool @ 2705'  
SLURRY WEIGHT 14.2/12.5 SLURRY VOL 1.4 / 1.8 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 42.18  
DISPLACEMENT 16734/107 DISPLACEMENT PSI 900 psi MIX PSI 1500 psi RATE \_\_\_\_\_

REMARKS: Safety meeting and rig upon Marlin drilling #16. Float Equipment Centralizers on 2, 5, 9, 14, 18, 22 Baskets on 2, 26, 39, 50, 56, 60 - DV tool @ 2705' on top of #38. Run casing to bottom circulate casing thr. Pump 5 bbls water 500 gal mud flush 5 bbls water mix 100 SHS 60/40 poz. @ 8 gal 1/4" Pusal lead Cement. Test in with 240 SHS OWC 5" Kalseal shutdown Clear Pump lines release plug displaced 56.4 bbls water 106 bbls mud 900 PSI. 1 1/4" Plug did not lead AFU held after two hrs Drop dart wait 30 min open tool circulate for thr. Pump 5 bbls water mix 30 SHS RH 720 SHS 60/40 F8 sel 1/4" Pusal down casing shutdown. Cleared Pump & lines released plug displaced 107 bbls water 800 PSI. 1 1/4" plug lead 1500 PSI.

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3000.00	3000.00
5406	30	MILEAGE	5.00	150.00
5407H	49.03 TONS	Ton Mileage delivery	1.67	2456.40
1120	240 SHS	OWC	22.55	5412.00
1131	850 SHS	60/40 poz cement	15.10	12835.00
1110A	1200#	Kalseal	1.56	6072.00
1118B	58.48 "	Bentonite gel	.25	1462.00
1107	212 #	Pusal	2.82	597.84
406	1	7" Guide Shoe	303.00	303.00
1144G	500 gal	500 gal mud flush	1.00	500.00
4133	1	7" AFU insert	198.00	198.00
4178	1	7" DV tool	7500.00	7500.00
4131	6	7" Centralizers	69.00	414.00
4107	6	7" Baskets	320.00	1920.00
			Subtotal	37440.24
			1055 108 Discount	37440.02
			Subtotal	33696.22
			SALES TAX	1803.85
			ESTIMATED TOTAL	35500.07

Ravin 3737

AUTHORIZATION Yvonne McEneaney TITLE \_\_\_\_\_ DATE 12-17-12

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.

255443