

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1119563

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	County:
Name:	
Wellsite Geologist:	
Purchaser:	-
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.): If Workover/Re-entry: Old Well Info as follows:	Amount of Surface Pipe Set and Cemented at:
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 SWE	Chloride content: ppm Fluid volume: bbls
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 #:	QuarterSec TwpS. R East 🗌 West
ENHR Permit #: GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date 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

	Side Two	1119563
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Datum
Samples Sent to Geolog	gical Survey	Yes No	Nam	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	:e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHF			₹.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION:		PRODUCTION INT	ERVAL:				
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subr	nit ACO	-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

	CONSOLIDATED Of Well Services, LLC
--	---------------------------------------

ERED	
	TIC. T NU

34776 TIC ... T NUMBER LOCATION # 180 Elborado

FOREMAN Jacob Storm

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

IELD TICKET & TREATMENT REPORT CEMENT

620-431-9210 or 800-467-8676	MENT OI	5-23951-	90-00	
DATE CUSTOMER # WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-8-12 3079 Whipple #7	7	265	SE	Butler
CUSTOMER Beo Giles	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS	traction 603	Jeff		
532 S. Market St B	502	Steve		
CITY STATE ZIP CODE J.S.,	. 1011	Jacob		
wich.ta KS 67202 5.	du l			
JOB TYPE Long String B HOLE SIZE 77/2 HOLE	DEPTH 2540	CASING SIZE & W	EIGHT 51/2	
CASING DEPTH 2533.67 DRILL PIPE TUBIN			OTHER	
SLURRY WEIGHT 151.5 SLURRY VOL WATE	R gal/sk	CEMENT LEFT in	CASING 2.44	Shoc
DISPLACEMENT	s <u>i 200</u>	RATE Sbpm		
REMARKS: Safty meating, Curculate with	mad for 11	r pump:	Soo and C	tu 1100 with
5 bbl vater flush mix 150 sks thicks	+ 5/kul-sal,	d'sparal v	vith 62.8	o his water
landing ping at psi checked fbat,	Ftoard held, Pla	ng Roothale	hith 20	shs that st
Cemer	t Ca	SEVE	<u> </u>	

	14 ž			
ACCOUNT CODE	QUANITE OF UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	1030.00	1030.00
5406	5	MILEAGE	4.00	23.00
5407	1	min bulk delivery	350,00	350,00
5402	SO	footage	.22	11.00
1126A	150	thick set	19.20	2880.00
1110 A	750	Kol-Scal	0.46	345,00
1144G	500	Dv 1100	1.05	525.00
4104	3	51/2 Basket	229.00	687.00
4130	9	:51/2 contralizer	48,00	432,00
4159	1	51/2 AFU Float Shuc	344.00	344.00
44.54	1	51/2 Latchdown plug	254.00	254.00
		Ĩ		
		2		
			Subtotal	6878,00
				2610
	Λ		SALES TAX ESTIMATED	358.10
Ravin 3737	D. L-D.	000110	TOTAL	1236.10
AUTHORIZTION	13 la Talle	TITLE	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.

	1								
		I A ENTER	רח ו	T NUMB	er 37	7706			
C	ONSOLIDATED				- 190 FID	and			
	Well Bervisse, LLG	U		FOREMAN JO	cab Stace				
			-,- #						
PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 FIELD TICKET & TREATMENT REPORT CEMENT AP: 15-23951-00-00									
620-431-9210 0	or 800-467-8676	CEMEN			RANGE	COUNTY			
DATE	CUSTOMER # WELL	NAME & NUMBER	SECTION	TOWNSHIP					
8-29-12	3079 Whipple	#7	7	265	SE	Butler			
CUSTOMER	N	Safty	TRUCK #	DRIVER	TRUCK #	DRIVER			
Ben G MAILING ADDRE	iles	Meeting	446	Josh					
S37	5, market 5	st se	502	store					
	S, MAILET C	ZIP CODE	511	Jacob					
Wich		ZIP CODE J.S	511	00000					
				CASING SIZE & W	151CHT 85/8				
JOB TYPE			4.470	CASING SIZE & V					
CASING DEPTH		TUBING		CEMENT LEFT in	OTHER				
SLURRY WEIGH		WATER gal/s	sk		CASING 1-14-1				
DISPLACEMENT	12,50 DISPLACEMEN	T PSI MIX PSI		RATE		24.1			
REMARKS: Se	afty meating Brea	k curculation	mix 13	a sks cla	55 A 38	cc liga			
1/2 lb poly	. displaced with	12 bbl water c	urculating	coment t	s Surface	Sheet in,			
			0						
	0	1 Junio por	A F	Ant	61				
	1"BANE	At 6	UEF	ACE					
		Q.A.	-ALA						
		0145	CNG	7					
		13		:					
		4.							
ACCOUNT	QUANITY or UNITS	DESCRIPTION of	f SERVICES or Pf	RODUCT	UNIT PRICE	TOTAL			
CODE			· · · · · · · · · · · · · · · · · · ·		825.00	825.00			
54015		PUMP CHARGE			4.00	28.00			
5406		MILEAGE	10		350.00	350.00			
5407		min bulk de	livery		14.95				
11045	130	class A				1943.50			
1102	320	calcium ch	loride		.74	236.80			
1107	50	poly -Flake			2.35	117.50			
1118 B	300	gei			21	63.00			
		0							
					3				
					-				
					Schitatal	3563.80			
	A				SALES TAX	154.64			
	1//	A FF	5050		ESTIMATED	0 1 0 111			
Ravin 3737	Kn M	10 00			TOTAL	3-118.44			
	In All	TITLE			DATE				

AUTHORIZTION

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

TITLE_