



KANSAS CORPORATION COMMISSION 1119614
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: _____



1119614

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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

McCOY SERVICES

13300 Rooks RD

Erie, KS 66733

Phone: 1-620-704-7919

Date **12/14/2013** Customer: **McCoy Services** SEC 2 TWP 29 Range 20E

Well # & Farm J30 Stegman County NO State KS

Charge To self Owner Jon McCoy - self

Mailing Address 13300 Rooks RD Contractor Jon McCoy - self

City Erie State KS Zip Code 66733

CEMENT SERVICE DATA

Type of Job	Casing	Hole Data	Plugs &		Cement Left in Casing	Materials/Equip ment
			Head	Pressure		
SURFACE	NEW	BORE SIZE	BOTTOM	CIRCULATING	REQUESTED	Cement 50 SACKS
	USED	TOTAL DEPTH	TOP	MINIMUM	NECESSITY	Type & Brand Portland 1
PRODUCTION	SIZE 2.3750	CABLE	HEAD	MAXIMUM	MEASURED	Admixes
SQUEEZE PUMPING	WEIGHT 6	TOOL		400		
OTHER	DEPTH 520	ROTARY MUD				Float Equipment
	TYPE 10 RND					

INVOICE SECTION

PUMPING CHARGE						N/C
PUMPING MATERIALS CHARGE						
	Cement					\$586.17
	Flo-Gel					
	Calcium Chloride					
	Other					
PLUG EQUIPMENT						N/C
GRANULATED SALT TRANSPORT TRUCK	Hours					
WATER TRUCK	Hours					
OTHER						

Tax is included in this price of the cement.

Subtotal
Tax
Total \$586.17

McCOY SERVICES

13300 Rooks RD

Erie, KS 66733

Phone: 1-620-704-7919

Date **12/14/2013** Customer: **McCoy Services** SEC 2 TWP 29 Range 20E

Well # & Farm **J30 Stegman** County NO State KS

Charge To **self** Owner **Jon McCoy - self**

Mailing Address **13300 Rooks RD** Contractor **Jon McCoy - self**

City **Erie** State **KS** Zip Code **66733**

CEMENT SERVICE DATA

Type of Job	Casing	Hole Data	Plugs & Head	Pressure	Cement Left in Casing	Materials/Equipment
SURFACE	NEW	BORE SIZE 10	BOTTOM	CIRCULATING	REQUESTED	Cement 5 sacks
PRODUCTION	USED	TOTAL DEPTH	TOP	MINIMUM	NECESSITY	Type & Brand Portland 1
SQUEEZE PUMPING	SIZE 6	CABLE TOOL	HEAD	MAXIMUM	MEASURED	Admixes
OTHER	WEIGHT 10 DEPTH 20 TYPE	ROTARY MUD				Float Equipment

INVOICE SECTION

PUMPING CHARGE
PUMPING MATERIALS CHARGE

N/C

Cement
Flo-Gel
Calcium Chloride
Other

PLUG EQUIPMENT

N/C

GRANULATED SALT TRANSPORT TRUCK Hours
WATER TRUCK Hours
OTHER

This surface ticket is page 2, the attachment goes w/J30 production ticket

Subtotal
Tax
Total