

## Kansas Corporation Commission Oil & Gas Conservation Division

119849

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:	Sec Twp S. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil         ☐ WSW         ☐ SIOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ Cathodic         ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
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 #:	Quarter Sec TwpS. R
☐ 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** 

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:						

Side Two



Operator Name:			Lease Name:			_ Well #:		
Sec Twp	S. R	East West	County:					
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid	
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geol	ogical Survey	Yes No	Naı	me		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
				New Used				
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, in Weight	Setting	on, etc.  Type of	# Sacks	Type and Percent	
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives	
	I	ADDITION	NAL CEMENTING / SQ	UEEZE RECORD			I	
Purpose:	Depth	Type of Cement	# Sacks Used					
Perforate Protect Casing	Top Bottom	31						
Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATI Specify	ION RECORD - Bridge F Footage of Each Interval	Plugs Set/Type Perforated	Set/Type Acid, Fracture, Shot, C rated (Amount and Kin		Cement Squeeze Record and of Material Used)  D		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (	Gas-Oil Ratio	Gravity	
DIODOGITIC	DN 05 040		METHOD OF OCCUP	FTIONI		DDCD! IOT!	NALIAITEDVA	
	ON OF GAS:	Open Hole	METHOD OF COMP		nmingled	PRODUCTIO	ON INTERVAL:	
Vented Sold		Other (Specify)	(Subm		mit ACO-4)			

	\$60 @ 3:4 (60 % @ 3:4	MUD UP 2150 TYPE MUD Showing I None  SAMPLES SAVED FROM \SOO & TO 23 444 64	Drilling Rig # 2 COMP June 2157,2012	1 1 1 E 1 1 6	GEOLOGIST'S REPORT  DRILLING TIME AND SAMPLE LOG
	RECON	MENDATI (	ONS AND	REMARKS	
FORMATION	PERFORATE INTERVAL	LOG ANALYSI % POR % SI	-	TREATMENT	& REMARKS
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PO Box 884, Chanute KS 88720

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	HUNEI	Ğ	TREATMEN	IT	KEP	O	R	7

DATE	or 800-467-867		CEN IE & NUMBER	ENT APT	<u> ४-073-24</u>		,
	-		14	SECTION	TOWNSHIP	RANGE	COUNTÝ
6-21-12 CUSTOMER	5202	Marshall	2/2-1	12	245	96	Erecomand
MAILING ADDR	Narshall			TRUCK#	DRIVER	TRUCK#	DRIVER
MAÏLING ADDR	RESS			530	John	TROCK#	
P.OB	ex 306			60	2067		•
CITY	,	STATE ZIP	CODE		-70£1		
Eureka		Ks 67	204/4				•
JOB TYPE P	7A 0	HOLE SIZE 7 3		EPTH 2344	CASING SIZE &	WEIGHT	,
CASING DEPTH	1	DRILL PIPE 4"				OTHER	
SLURRY WEIGI	HT	SLURRY VOL	WATER		CEMENT LEFT	-	
DISPLACEMEN		DISPLACEMENT PSI	MIY PSI		RATE		
REMARKS: 5	OFTY ARE	ting: Ris w	2 TO 4" Dr	ill Pine F		as follow	
40.1.4.4		,				23 F3778 (C	•
		1.5 sks A	T 2260'			1	W 112
		16 SKI B	T 1/00'		<del>,, , , , , , , , , , , , , , , , , , ,</del>		
W		85 Sks 2	50' To Surf	0<6	111		•
		30sks X	Cathale				*
				Pormin Ca	70 42	Gel	. •
1.00		-				:	
	Jab Cor	nolute Riedo	mo.	Thank Yo	u	- II A INCOME. S. L. A. LEL ESTIMATE (A. )	
ACCOUNT						,	
ACCOUNT CODE	QUANITY	or UNITS	DESCRIPTIO	N of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5405 N	7	РИМ	CHARGE			1030.00	1030.00
5406	15	MILE,	AGE			4.00	60.00
				1/2			
1131	145 sk	5 6	0/40 Pozm	ix cement	- 18	12.55	1819.75
111813	500 #		1% Cel			.21	105.00
							70.7.00
5497	6.24 Tor	To	n mileupe	BulkTruck		mic	350.00
			· · · · · · · · · · · · · · · · · · ·				-
						٠.	
				1.00			
				17140			
			A LIVER AND LIVE	The state of the s			
						Subjected	3364.75
ıvin 3737					7.3%	SALES TAX	140.51
			a marine	015	-	ESTIMATED	THE RESERVE TO SERVE THE PARTY OF THE PARTY
	- Martin		חמים	818		TOTAL	3505.26

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