

Kansas Corporation Commission Oil & Gas Conservation Division

120274

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:	SecTwpS. 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 SWD 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?
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 SWD Conv. to GSW	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 Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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

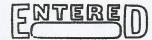
KCC Office Use ONLY
Letter of Confidentiality Received
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

Side Two

1120274

Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Take		☐ Yes ☐ No		og Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	ological Survev	☐ Yes ☐ No	Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No-	ew Used 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1		
Purpose: Depth Top Bottom Protect Casing		Type of Cement	# Sacks Used	Sacks Used Type and Percent Additives			
—— Plug Back TD —— Plug Off Zone							
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plu Footage of Each Interval Pe	gs Set/Type rforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	_		PRODUCTIO	ON INTERVAL:
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		





LOCATION Euroka

FOREMAN STALLS AREAD

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

FIELD TICKET & TREATMENT REPORT

DATE	L QUOTOMED "		CEINIEI				
DATE	CUSTOMER#	WELL NAME & NUI	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
/-28-/3 CUSTOMER	5321	Winslow / Seber	130-X				Allen
						对方的特别	10000000000000000000000000000000000000
MAILING ADDRE	McFadeler SS	1		TRUCK#	DRIVER	TRUCK#	DRIVER
-				485	Alanm		
P.O.B	394	lorum laur con-		515	merle		
0		STATE ZIP CODE					
Idla							
JOB TYPE on	STring 0	HOLE SIZE 61/8	_ HOLE DEPT	H 860'	CASING SIZE & W	EIGHT	
CASING DEPTH	\$ 850	DRILL PIPE	_TUBING_Z	78		OTHER	
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING DISPLACEMENT 4.9135 DISPLACEMENT PSI 300 RATE							
DISPLACEMENT	4.966	DISPLACEMENT PSI 300	MIXTS	us /000	RATE		
REMARKS: 50	FTY MARCTI	ny: Bigupto27/	Tubino	Break	inculation	LUKALLE F	Tuck.
Water.	Pumo 200	# Gel Flush * 5.	bbl water	Soncer. M	x 1255ks	60/40 0	27h
Cement	W 490 GR	1,2% Caclz +1	#phennse	al poelsk	Sherder	11000	7
PamoxLi	nes Draw	2 plugs. Dis	place (15	14 4966	E Food- A	- TO 0 61	
Pumpina	Prossure	Soot. Bump Pl	100 50	15mg + Blo	al Coope as	aler, Fir	ral
0± 58	T 11-11	Ot Cooler	uy 10 1	2	eo pressure	down /	Ü
01 110	u agerri	or Goodce	men, 1-	seiurns 10	Surface.	4661101	217
Job Complete Ris down							
	Thank you						

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	.1	PUMP CHARGE	1030.00	1030,00
5406	50	MILEAGE	4.00	200.00
1131	1265Ks	60/40 pozmix Cement	12.55	1568.75
11183	430*	Gel 4%	,21	90.30
1102	215×	Cacle 2%	.74	159.10
1107A	123 H	Phenoseal 1th perysk	1.29	161.25
111813	300 [≠]	Ge/F/ash	.21	42.00
5407	5.38 Ton	Jon Mileage Bulk Truck	1.34	360.46
4402	2	2 1/8 Top Rubber Plugs	28.00	56.00
			Sub Total	3667.86
avin 3737	× : ma	7.55%	SALES TAX	156.84
	4 Time	Q7000 41	ESTIMATED TOTAL	3824.70
UTHORIZTION	BY JACK MCFAdden	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.