



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1119859  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1119859

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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  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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<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> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

February 25, 2013

DUSTY RHOADES  
Reilly Oil Company, Inc.  
PO BOX 277  
WAKEENEY, KS 67672-0277

Re: ACO1  
API 15-195-22837-00-00  
RUTH 1-6  
SW/4 Sec.06-11S-24W  
Trego County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
DUSTY RHOADES



**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 # 255566  
 =====  
 Invoice Date: 12/26/2012 Terms: 10/10/30,n/30 Page 1  
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REILLY OIL COMPANY, INC  
 P.O. BOX 277  
 WAKEENEY KS 67672  
 (785)743-6774

RUTH 1-6  
 39268  
 6-11-24  
 12-20-2012  
 KS



Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	175.00	22.5500	3946.25
1131	60/40 POZ MIX	400.00	15.1000	6040.00
1110A	KOL SEAL (50# BAG)	875.00	.5600	490.00
1118B	PREMIUM GEL / BENTONITE	2752.00	.2500	688.00
1107	FLO-SEAL (25#)	100.00	2.8200	282.00
1144G	MUD FLUSH (SALE)	1000.00	1.0000	1000.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	413.0000	413.00
4130	CENTRALIZER 5 1/2"	10.00	58.0000	580.00
4104	CEMENT BASKET 5 1/2"	3.00	276.0000	828.00
4314	RECIPROCATING SCRATCHERS	36.00	78.0000	2808.00
4283	DV TOOL W/ LATCH DOWN	1.00	4800.0000	4800.00
4454	5 1/2" LATCH DOWN PLUG	1.00	303.0000	303.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-2217.83
9995-130	CEMENT EQUIPMENT DISCOUNT	-532.09

Description	Hours	Unit Price	Total
463 CEMENT PSI CHARGES	1.00	2950.00	2950.00
463 EQUIPMENT MILEAGE (ONE WAY)	50.00	5.00	250.00
528 TON MILEAGE DELIVERY	1.00	1060.45	1060.45
693 TON MILEAGE DELIVERY	1.00	1060.45	1060.45

Amount Due 29007.26 if paid after 01/25/2013

Parts:	22178.25	Freight:	.00	Tax:	1357.30	AR	26106.53
Labor:	.00	Misc:	.00	Total:	26106.53		
Sublt:	-2749.92	Supplies:	.00	Change:	.00		

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



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39268  
LOCATION OAKLEY  
FOREMAN Fuzzy

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	
12-20-12	7165	Roth 1-C	6	11	24	Trego	
CUSTOMER Reilly O.I. Co.		Ugda 2nd 714W CS		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				463	Cory D		
CITY		STATE		693	PHIL K		
ZIP CODE				528	Travis W		

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 4220' CASING SIZE & WEIGHT 5 1/2 15.5  
CASING DEPTH 4124' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DU @ 2006'  
SLURRY WEIGHT 14.5-15.8 SLURRY VOL 1.42-1.9 WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING 4353  
DISPLACEMENT 97.3 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on W-W #12 float equip cont 4, 5, 6, 7, 8, 10, 11, 13, 15, 50 Baskets #5; 16, 51, DU Tool @ #51. Rig up and circulate the 15 mins. Pump 500gal mud flush, 20 BBL RCL water, mix 175 sks OWC w/ 5# Kol-seal, wash pump and lines. Drop plug and displace 50 BBL water and 473/4 BBL mud. 800' lift 1300' land, Drop DU Bomb wait 15 min, open tool @ 900' Circ 3 hrs. Pump 5 BBL water 500gal mud flush mix 300 sks in RH mix 370 sks 60/40 89 tool 1/4" flo-sal down 5 1/2 ccs. Wash pump and lines. Drop plug and displace 49 BBL 600' lift close DU Tool @ 1500' Cement did circulate approx 30 BBLs top it. Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE	2950 <sup>00</sup>	2950 <sup>00</sup>
5406	50	MILEAGE	5 <sup>00</sup>	250 <sup>00</sup>
5407A	25.4	Tow mileage Delivery	67	2120 <sup>92</sup>
1126	175 sks	OWC	2252	3946 <sup>25</sup>
1131	400 sks	60/40 pos	1510	6040 <sup>00</sup>
1110A	875 #	Kol-seal	056	490 <sup>00</sup>
1118B	2752 #	Bomb-site	25	688 <sup>00</sup>
1107	100 #	Flo-sal	282	282 <sup>00</sup>
1144G	1000 gal	mud flush	1 <sup>00</sup>	1000 <sup>00</sup>
4159	1	5 1/2- ATU float stop (JR)	413 <sup>00</sup>	413 <sup>00</sup>
4130	10	5 1/2- centralizers (W)	58 <sup>00</sup>	580 <sup>00</sup>
4104	3	5 1/2- Baskets (W)	276 <sup>00</sup>	828 <sup>00</sup>
4314	36	5 1/2- recip scrapers (W)	78 <sup>00</sup>	2808 <sup>00</sup>
4283	1	5 1/2- DU Tool (W)	4800 <sup>00</sup>	4800 <sup>00</sup>
4454	1	5 1/2- hatchdowns (W)	303	303 <sup>00</sup>
		subtotal		27499 <sup>15</sup>
		1053 10%		2749.92
		subtotal		24749.23
		SALES TAX		1357.30
		ESTIMATED TOTAL		26106.53

Flavin 3737 1111 2 sks salt N/C  
AUTHORIZATION [Signature] 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

255566



**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 # 255357

=====  
 Invoice Date: 12/17/2012    Terms: 10/10/30,n/30    Page 1  
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REILLY OIL COMPANY, INC  
 P.O. BOX 277  
 WAKEENEY KS 67672  
 (785) 743-6774

RUTH 1-6  
 39219  
 6-11-24  
 12-13-2012  
 KS



Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	165.00	17.6500	2912.25
1102	CALCIUM CHLORIDE (50#)	465.00	.8900	413.85
1118B	PREMIUM GEL / BENTONITE	310.00	.2500	77.50

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-340.36
9995-130	CEMENT EQUIPMENT DISCOUNT	-198.65

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
463 EQUIPMENT MILEAGE (ONE WAY)	50.00	5.00	250.00
693 TON MILEAGE DELIVERY	1.00	651.50	651.50

Amount Due 5621.54 if paid after 01/16/2013

Parts:	3403.60	Freight:	.00	Tax:	208.30	AR	5059.39
Labor:	.00	Misc:	.00	Total:	5059.39		
Sublt:	-539.01	Supplies:	.00	Change:	.00		

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



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 39219  
LOCATION Oakley  
FOREMAN Fuzzy

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
12-13-12	7165	Ruth 1-6	6	11	24	Trego
CUSTOMER Reilly Oil Company Inc			TRUCK # DRIVER TRUCK # DRIVER 463 Corn D 693 Tim W Phil K			
MAILING ADDRESS						
CITY	STATE	ZIP CODE				

JOB TYPE Surf HOLE SIZE 12 1/4 HOLE DEPTH 236' CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 236' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 13.7 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on W.W. #12. Rig up and circulate. Mix 165 sacks Class A, 3% cel, 2% cel. Displace 13 3/4 BBL and shut in. Cement did circulate approx 5 BBLs to pit.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	50 miles	MILEAGE	5.00	250.00
5407A	7.8 ton	Ton Mileage Delivery	167.00	651.30
11045	165 sacks	Class A cement	17.65	2912.25
1102	465 #	Calcium Chloride	1.89	413.85
1180	310 #	Borax	1.25	77.50
		subtotal		5390.10
		less 1090		5390.10
		subtotal		4851.09
		SALES TAX		208.30
		ESTIMATED TOTAL		5059.39

**Completed!**

AUTHORIZATION [Signature] TITLE Tool pusher DATE 2-13-12

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.

255357