

### Kansas Corporation Commission Oil & Gas Conservation Division

1120640

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
Address 2:	Feet from North / South Line of Section
City:	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 III Approved by: Date:

Side Two



Operator Name:				Lease I	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	":					
<b>INSTRUCTIONS:</b> Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes	☐ No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	Ne	w Used	ion, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives
			ADDITIONAL	CEMENTII	NG / SQL	    EEZE RECORD				
Purpose:	Depth	Type of (		# Sacks		LEZE RECORD	Type and I	Percent Additives		
Perforate Protect Casing	Top Bottom	71								
Plug Back TD Plug Off Zone										
Flug On Zone										
	PERFORATI	ON RECORD	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Saueeze Recor	d	
Shots Per Foot	Specify	Footage of Eac	h Interval Perf	forated			mount and Kind of Ma			Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAL:
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)			



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 07627 A

PF	ESSURE PUMP	PING & WIRELINE	MARCO OF WAR ALMED	V 22.		DATE	TICKET NO								
DATE OF JOB 12-22	1-2012	DISTRICT		NEW O	OLD WELL	PROD [INJ	□ WDW	□ CUS	STOMER DER NO.:	utomuseum.					
CUSTOMER L	D DR	PILLING, INC	C	LEASE K	ELLA	GINC.	0000		WELL NO.	1-30					
ADDRESS				COUNTY	COUNTY THOMAS STATE KS.										
CITY		STATE		SERVICE CREW LESLEY, MARQUEZ, LAWRENCE, PIEZSON											
AUTHORIZED BY				1		0	. 1 1 0		-						
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CF 600 L	ATCH D	OWN PLUGEA	SSEMBLY	,41/2 M	EA	1			720	00					
CF 1250 F	OTOF	ILL FLOATS	HOE, 4'2"						330	00					
CF1650 7	URBO	LIZER, 41/2"	<u> </u>		EA	7			595	000					
CF 1900 1	SHSKE	1,4/2"			EH	1			270	00					
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SERVICE REPRESENT TIVE	Seven	Les	hn	4
FIELD SERVICE ORDER	NO.	1		1

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

### FIELD SERVICE TICKET

1718 07628 A
CONTINUATION

DATE TICKET NO.\_\_\_\_\_

DATE OF JOB 12-2	2-20	012 DI	STRICT	ann aide Sella Christof (Latina George)	NEW O	OLD WELL	PROD   INJ	□WD	w 🗆 {	CUSTOMER ORDER NO.	:	
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ADDRESS						COUNTY	Hon	IÁS		ATE KS	. •	
CITY			STATE			SERVICE C	REW LÉ	ESLEY, 1	VALQUE	Z, LAWK	GUE, PI	ERSON
AUTHORIZED BY	Y					JOB TYPE:	CCS	PW-C	1/2"	TWO S	STAGE	
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FIELD SERVICE ORDER NO.

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE

BASIC \*BOTTOM STAGE \*
energy services, L.P. Pat 105 #2

TREATMENT REPORT

	81 00		U 10, L.P.		Û	lot									
Customer	LD DE	PILLING	9, IN	Lease No					Date						
Lease Le	LLAG.	INC. C	MWO	Well #		30			10	- 22	- 20				
Field Order	# Statio	PRAT	Tiks.			Casing	Z/II Depth	1	County	HOMA.	5	State Ks.			
Type Job	CCSPI	0-4	1/2" 6	STWO	51	AGE	Formation	= 44	42'	Legal De	scription	32			
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BASIC \*TOP STAGE \*

TREATMENT REPORT

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Customer Re	presentative	LD	DAL	115		Station	n Man		5COTT			Trea	ter /K	. LE	SLE	4		publicano compa
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Driver Names	LESLEY	MA	2QUE	2 -		LAWZE	SNG	£ ==		and construction.	THE RESIDENCE OF THE PROPERTY							***************************************
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## **RAYMOND OIL COMPANY**

LYONS, KANSAS • PHONE (620) 257-3161

### TALLY SHEET

DATE 12-19-12

	То	Well	No.	From	· W	ell No.	Size	Kind		Тур	e Th	read	Cond	tion	Thr	eads
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Approved by\_

Tallied By