

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1124156

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Monogoment Plan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Oblasida sectori
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	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 #:	
ENHR         Permit #:	Quarter Sec Twp S. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or 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	1124156		
Operator Name:	Lease Name:	Well #:		
Sec TwpS. 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 (Attach Additional Sheets)		Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nan	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre>Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASIN	G RECORD	ew Used			
		Report all strings se	et-conductor, surface, int	ermediate, product	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHF		۲.	Producing N	_	ping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									Ι	
DISPOSITION OF GAS:				METHOD	OF COMPLE	TION:		PRODUCTION INTE	RVAL:	
Vented Sold Used on Lease			Open Hole	Perf.	Dually (Submit )	Comp. Commingled (Submit ACO-4)				
(If vented, Subi	mit ACC	)-18.)	Other (Specify)							

CONSOLIDATED
Oil Well Services, LLG

TICKET NUMBER	35109
LOCATION OHOUR	KS

PO	Box	884,	Cha	пute,	KŜ	66720
620	-431	-9210	) or	800-4	467-	8676

# FOREMAN Casey Kennedy CEMENT

PED 10. 4-14 4					••			
DATE	CUSTOMER #	W	ELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10/19/12	8111	Martha	Milleret Trus	+#1	NW 27	12	20	LV
CUSTOMER N	Etra							
	e Enterp	<u>rises</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE		50			481	Casten	V Safo	Heeting
7531 US	5 Highwa	157			lelelo	KeiCar	V	The searcy
CITY		STATE	ZIP CODE		503	DonDet	V	
Ostaloosa		K2	660666		675	KeiDet	V	
JOB TYPE SU	rface	HOLE SIZE	11"	HOLE DEPT	H 751	CASING SIZE &	NEIGHT 8-57	11
CASING DEPTH	74'	DRILL PIPE					OTHER	
SLURRY WEIGH	IT	SLURRY VO		WATER gal/s	sk	CEMENT LEFT in	CASING 4	
DISPLACEMENT	4.4.666	DISPLACEM		MIX PSI		RATE 4.5	opm	
REMARKS: he	Id sataly	medine	, establis	shed cir	cublion .	mixed to	mad 43	to owe
cement i	w/ 1/4 #/	Flored (	per sk, c	enent	to surface	displaced	dement	w/ 4.4 H
Fresh wa	ter, shut			:				,
							$\gamma$ —	
						$7 - \pi$		
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						/	, 	

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		825.00
5406	40 mi	MILEAGE		160.00
5492	74'	casing tootage		
5407	Minimum	ton mileage		350.00
5502C	J. Shrs	80 Vac		225.00
1126	43 sks	our cement		808.40
1107	11#	Floscal		808.40
		P		TRACE
			C LUM	GIGN
		·····		
	}	7.37	SALES TAX	60,90
Ravin 3737	I		ESTIMATED	
	IL C D	1-4.	TOTAL	2455.15
AUTHORIZTION	No Co. Rep. on	19Cal DOM 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

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CONSOLIDATED			TICKET NUME		121
			LOCATION O	Haina KS	
Qili Welli Services, LLC			FOREMAN		θ
FIELD TICKE	T & TRFA			requence	7
PO Box 884, Chanute, KS 66720 FIELD FICKE 620-431-9210 or 800-467-8676	CEMEN				
DATE CUSTOMER # WELL NAME & NUM		SECTION	TOWNSHIP .	RANGE	COUNTY
10/23/12 2169 Martha Milleret Tru	\$#1	NW 27	12	20	LV
CUSTOMER,	1				
Cautry Boy Crude LLC	4	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS /		781	Casken	~ Sater	Meetin
12728 K4 Highway		telelo	GarMoo	$\checkmark$	
CITY STATE ZIP CODE		558	Set Tuc	V	1
Valley Falt KS 6088		505-7106	KeiCar	1	
JOB TYPE longstring HOLE SIZE 6-94"	_ HOLE DEPT	H 760'		VEIGHT 4/2	17
CASING DEPTH 456 DRILL PIPE	_TUBING		<u>.                                    </u>	OTHER	
SLURRY WEIGHT SLURRY VOL	-	sk	CEMENT LEFT in		
DISPLACEMENT 12 565 DISPLACEMENT PSI	MIX PSI		RATE 4.56	pm	
REMARKS: held sately meeting, established	direu	ation, wis	ied + puny	sed 100 4	+ Prenium
Gel followed by 10 bbls trosh water		1. *	1 1 1 1 1	s due ma	
mixed + pumped 140 sts 3%50 Pc	zzmix 1	cornent u	1/ 27.gel	+ 14 # FI	osad per
sk, depose dye marker to surface	e, pur	red 4 1/2 "	rubber ply	ing to cas	ing th
w/ 12 bbls fresh water, cemen	x to !	surface, p	vessured A	5 800 P.	ST release
pressure, washed up equipment				<u> </u>	
				(	· · ·
			11_1	$\sim$	

				·
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	on losse	MILEAGE		
5402	75Ce!	casing tootage		
5407A	240.8	ton mileage		322.67
5501C	2 hrs.	transport		224.00
		V		
				1
1124	140sks	5%50 Poznix cerent		1533.00
11183	3 35#	5950 Poznix cerent Premium Gel		70.35
4464	]	4 1/2" rubber plug		45.00
1107	35#	Flosen		82.25
\ \				-
			1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	ALC: NO
			622	1919194
			and the second	
Ravin 3737			SALES TAX	126.34
		ESTIMATED TOTAL	3433.61	
AUTHORIZTION	No Co Rep on loca	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 for

254039

## HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

### Martha Millerett #1 API # 15-103-21373-00-00 SPUD DATE 10-19-12 Thickness Set 74' of 8 5/8"

			IE 10-19-12
Footage	Formation	Thickness	Set 74' of 8 5/8"
2	Topsoil	2	TD 760'
24	clay	22	Ran 756' of 4 1/2
65	river gravel/snd	41	
73	lime	8	
85	shale	12	
105	lime	20	
137	shale	32	
199	lime	62	
225	shale	26	
239	lime	14	
254	shale	15	
263	lime	9	
284	shale	21	
334	lime	50	
344	shale	10	
363	lime	19	
367	shale	4	
370	lime	3	
376	shale	6	
384	lime	8	
503	shale	119	
505	lime	2	
515	shale	10	
518	red bed	3	
528	shale	10	
	lime		
530 548		2	
548 552	shale	18 5	
553	lime		
567	shale	14	
577	lime	10	
591	shale	14	
594	lime	3	
618	shale	24	
621	red bed	3	
643	shale	22	
644	lime	1	
646	shale	2	
672	sandy/shale	26	
673	sandy/shale	1	
676	sand	3	little odor, little bleed
678	shale	2	
683	sandy shale	5	little odor, little show
685	sand	2	
733	shale	48	
735	coal	2	
737	lime	2	
760	shale	23	