

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1125398

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 Feast / 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:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
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:	
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	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 #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. 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

	Side Two	1125398
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 She	eets)	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 of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF (	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit /	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC	)-18.)		Other (Specify)						<u></u>

	CONSOLIDATED Oil Well Services, LLC	<b>REMIT TO</b> Consolidated Oil Well Servi Dept. 970 P.O. Box 4346 Houston, TX 77210-4		MAIN P.O. Chanute, K 620/431-9210 • 1-800/4 Fax 620/4	467-8676 431-0012
				Invoice #	256565 ======
INVOICE ======= Invoice	Date: 02/11/2013	Terms: 0/0/30,n/30		=============== Pag	e 1
% 20 NF	X. & P. INC. JURGEN HANKE 147 CR 200 CODESHA KS 66757 520)325-5251	4125 29-3	1 WW 21G 5 0S-16E )1-13		
====== Part N 1104S 1118B 1102 4402	CLASS PREMI	iption "A" CEMENT (SALE) UM GEL / BENTONITE UM CHLORIDE (50#) " RUBBER PLUG	90.00 200.00 100.00 2.00 Hours	.7400 28.0000 Unit Price	Total 1345.50 42.00 74.00 56.00 Tota 1030.00
445 445 611	Description CEMENT PUMP EQUIPMENT MILEAGE (C MIN. BULK DELIVERY	ONE WAY)	1.00 60.00 1.00	4.00	240.0 350.0

======================================	.517.50 .00 .00	Freight Misc: Suppli ======		.00	Tax: Total: Change:	======== 95.61 3233.11 .00		====== 3233 =======
						]	Date	
Signed				PONCA CITY, OK	OAKLEY, KS	OTTAWA, KS 785/242-4044	THAYER, KS 620/839-5269	GILLETTE, \ 307/686-49
BARTLESVILLE, OI 918/338-0808	< EL DORAD 316/322-		UREKA, KS 0/583-7664	580/762-2303	785/672-2227	100/242 10		

CONSOLIDATED OII Well Services, LLC	Enteri
PO Box 884, Chanute, KS 66720	FIELD TICKET & TRE

TICKET NUMBER 41255 LOCATION Eureka KS FOREMAN Shannon Feck

-O Box 88	4, Cha	nute, KS	66720
620-431-92	10 or	800-467-	8676

# FIELD TICKET & TREATMENT REPORT

620-431-9210 OF 800-467-8676		CEMEN	1 HAT 12-	202-220	89	
DATE CUSTOMER #	WELL NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
2-1-13 1124	unit 1 WW	216	29	305	16 E	wilson
CUSTOMER AY J	D	-10.00 Co.00			de tên di	
	F		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS	, ,,,,,		445	Dave 6		
P.O. B.	ox 1176		611	Joey K		
CITY	STATE ZIP CODE					
Independence	KS 67301					
		HOLE DEPTH		CASING SIZE & W		
	DRILL PIPE		2		OTHER	
SLURRY WEIGHT 13.2-13.4 #	SLURRY VOL 23 B61	WATER gal/s	k 6.40	CEMENT LEFT in		
DISPLACEMENT 5.9 Bbl 49	DISPLACEMENT PSI 300	MIX PSI 600	Bump Plug	RATE displace	e w/ IB.	PM
REMARKS: Safety Meet	ling, Rig up to 2	23" TU	bing. Br	eak Circular	tion w/	S B61
water. mixed 9	O'SKS Class "A"	cement	w/ 20/0 (	sel + 1%	calcium	. Shut
down wash out pu	Imp & lines. Stut	ff twi	274 R	ubber Plug	s & dis	place with
4.9 Bbl Water, F	inal pumping pro	ssure or	F 300 PSi,	bumped P		DO PSi, +
Shut well in, God	od Circulation @	all fin	nes 5-6	Bbl Slurn	V to Pix	l.
Job complete.				/		
						the strength of the strength

"Thanks Shannon & Crew"

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	60	MILEAGE	4.00	240.00
11045	90 SKS	Class "A" cement	14.95	1345.50
11188	200 #	6el @ 2%	. 21	42.00
1102	100 #	Calcium @ 1%	. 74	74.00
5407	4.23 Tons	Ton mileage bulk Truck	m/c	350.00
440Z	2	278 Top Rubber Plugs	28.00	56,00
			Sub Total	3137,50
	1		6.3% SALES TAX	95,61
avin 3737	1 01:	Iman TILE	ESTIMATED TOTAL	3233.11
UTHORIZTION	Igni / 1/1	Mman 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.