

Kansas Corporation Commission Oil & Gas Conservation Division

1125682

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: 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?
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt.
Operator:	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 TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
	•
Spud Date or 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



Operator Name:			Lease N	Name:			_ Well #:		
Sec Twp	S. R	East West	County	:					
NSTRUCTIONS: Showing tool open and clossecovery, and flow rates ine Logs surveyed. Att	ed, flowing and shut if gas to surface tes	in pressures, wheth t, along with final ch	er shut-in press	sure reache	d static level,	hydrostatic pres	sures, bottom h	ole tempera	ature, fluid
Drill Stem Tests Taken (Attach Additional Sh	neets)	Yes No)	Log	Formation	n (Top), Depth ar	nd Datum	☐ Sa	mple
Samples Sent to Geolo	gical Survey	☐ Yes ☐ No)	Name			Тор	Da	tum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No)						
ist All E. Logs Run:									
		CAS Report all strings	ING RECORD set-conductor, su	New	Used	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		ADDITIO	NAL CEMENTIN	NG / SQUEE	ZE RECORD				
Perforate Iop Bottom Protect Casing Plug Back TD		Type of Cement	# Sacks	Used		Type and	Percent Additives		
Plug Off Zone									
Shots Per Foot	PERFORATIC Specify F	Plugs Set/Type Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Size:	Set At:	Packer At	t: L	iner Run:	Yes No)		
Date of First, Resumed P	roduction, SWD or ENF	HR. Producing		g Gas	s Lift O	ther (Explain)			
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bb	ols.	Gas-Oil Ratio		Gravity
DISPOSITION	N OF GAS:		METHOD OF	COMPLETIO	DN:		PRODUCTIO	ON INTERVA	 L:
Vented Sold	Used on Lease	Open Hole	Perf.	Dually Co	mp. Com	nmingled			
(If vented, Subn		Other (Specifi	v)	(Submit ACC	1-5) (Subr	mit ACO-4)			



TICKET NUMBER	37327
LOCATION OHave	c, KS
FOREMAN Case	Konnede

DATE

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

FIELD TICKET & TREATMENT REPORT

020-431-3210	01 000-401-0010	J		CEIVIE	EIA I			
DATE	CUSTOMER#	WELL	NAME & NU	JMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6/28/12	7069	Keyn	olds ±	<i>‡17</i>	SES	17	33	MI
CUSTOMER		(
K	eusch Oil	Well			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	THE T. LEW.				481	Casten	ge	
POB	ox 520				Cecale	Gar Moo	GM	
CITY			ZIP CODE		548	Mik Haa	MH	
OHawa		KS	10000	E	505-TIOL	Jas Ric	SR	
JOB TYPE ICX	anithon	HOLE SIZE_5	578 11	HOLE DEF	ртн 753		VEIGHT 2 1/8	" ELE
CASING DEPTH	1747	DRILL PIPE		TUBING		·	OTHER	
SLURRY WEIGH		SLURRY VOL		_ WATER ga	al/sk	CEMENT LEFT in	CASING 21/5"	rubber dus
DISPLACEMEN	T4.34 bbls	DISPLACEMENT	r PSI	MIX PSI		RATE 4. Le	och	
REMARKS: A	eld safety	neeting,	Stablish	ed circul	lation mixed	toumped	100 # Preu	river (se)
followed					ped 10-2 sl			
2% gel	ber sk. co				red pump de			
to casino	TD w/ 4	1.34 blds t	resh w	ater one	assured to	800 PSI 0	eleased or	essure J
But in 3				- / /	***************************************		P	
300.						()		
			7.			14		
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			140		- (/		
	70 W	*****					***************************************	
ACCOUNT CODE	QUANITY	or UNITS	I	DESCRIPTION	of SERVICES or PRO	ODUCT	UNIT PRICE	TOTAL
r-1101	1		DUMP CHAI	005				149000

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		1030.00
5406	20 mi	MILEAGE		1030.00
5402	7471	Casing footage		
5407	2 minimum	ton mileage		175.00
5501 C	Ihr	Transport		112.00
1124	102 sks	50/50 Poznix cement		1116.90
1118B	27 #	Premium Gel		54.91
4402	1	2/2" rubber plug		28.90
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ļ			F> (1)	la l
		100		9. 711
Ravin 3737		7.55%	SALES TAX ESTIMATED	90.74
	AR - P	250938	TOTAL	2689.55

l 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.

TITLE_