

### Kansas Corporation Commission Oil & Gas Conservation Division

### 1125695

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 🔲 East 🗌 West
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?
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

1125695

Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone		Type of Co	ement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo						cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (		nmingled mit ACO-4)			



TICKET NUMBER 35167

LOCATION OHOWA KO

FOREMAN Case Convector

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

# FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11/16/12	7069	Frackowiak #	-2	SW 110	17	27		
CUSTOMER					La L	T SQ	I MI	
	Oillerel	<u></u>		TRUCK#	DRIVER	TRUCK#	DDIVED	
MAILING ADDRE	SS	*	7 i	481	- /:	# 100M#	DRIVER	
Po 7	Box 52	<i>O</i> .	*		Casken	1 safety	Meeting	
CITY	0-1-	STATE ZIP CODE		LeCelo	GarMao	V		
ALL		10	7	228	BreMan	V		
- O law		KS 66067	<u> </u>	369	JasRic	V		
JOB TYPE_/ov	/ - //	HOLE SIZE 57/8"	_ HOLE DEPTH	le 60'	CASING SIZE & V	EIGHT 27/8	"EUE	
CASING DEPTH	652	DRILL PIPE	TUBING			OTHER		
SLURRY WEIGH	T	SLURRY VOL	WATER gal/sk	(	CEMENT LEFT in	AT DESCRIPTION OF THE PROPERTY		
DISPLACEMENT		DISPLACEMENT PSI			RATE 4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
REMARKS: Le	ld safely	needing established	drice late	in wine	11	Lapun Da		
( ) Illi								
convent w/ 2% get per st coment to surface, Hushod pump clean, sumpor								
2/211 rub		Jan	rely to	surface ,	-word pun	op clean	Dunpad	
		to casing ID w	3.++ E	tols frosh	water pre	ssured to	200	
PSI rela	used press	iure; stut in c	asing.	8				
	-				1) 7		1	
<b>K</b> (3) <b>K</b> (9)						X		
					11	-		
					1-1-			
					1	(		

	1414			
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
540ce	20 mi	MILEAGE		80.00
5402	652'	casing tootage		00.
5407	minimum	ton mileage		35000
5502C	2 hs	80 Vac		180.00
				100.00
1124	116 sts	5/50 Pozmis coment		10574.0
(118B)	295 #	Proman Gel		1270,20
4402	1	2/2" robber plug	*,	101.95
1100	<u> </u>	2 /2 rubber plug		28.00
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,				
			- P. C.	
			- (1)	11 11 12 11 10 11
			100	
	3			
_		7 000		
vin 3737		7.559	SALES TAX  ESTIMATED	102.69
	AD D	$\wedge$	TOTAL	3102.84

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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