

## Kansas Corporation Commission Oil & Gas Conservation Division

1125884

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



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	ize Hole Size Casing		Weight Lbs. / Ft.		Setting Type of Depth Cemer				Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD					
Purpose:         Depth Top Bottom         Type of Ceme           — Perforate         — Protect Casing           — Plug Back TD         — Plug Off Zone		ement	# Sacks	# Sacks Used Type		Type and	Percent Additives				
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Performance Performance Processing Performance Perfor			s Set/Type orated	Set/Type Acid, Fracture, Shot, Crated (Amount and Kind			ement Squeeze Record d of Material Used)  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 ( (Submit AC		nmingled mit ACO-4)				



REIV. Oil W

TICKET NUMBER LOCATION OT

FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676	& TREATMENT RE	EPORT	Man Ma	de
DATE	CEMENT			
1-23. 7069 Grandon #	ER SECTION	- WHOTHE	RANGE	COUNTY
MAILING ADDRESS Well Service	TRUCK#	DRIVER T	32	MS
CITY STATE ZIP CODE	516	1 and	Sydety	DRIVER
Ottawa 65 66067	37b	Gary M.	GM	
CASING DEPTH ON DRILL PIPE THE	OLE DEPTH 678	CASING SIZE & WE	15.C GIGHT 37	8
DISPLACEMENT 3 9 SLURRY VOL W.	ATER gal/sk	CEMENT LEFT in C	THER	
remarks: Her crew neet. Estal	ixpsi 200 blished rate	RAIE JOD	n	9.000 to 10.000
CEMPUL Flicked 2	& com plus	Mixed (	+ pumpe	0 100#
Well held 800 PST, Set;	Hoat Close		2,000	ulated).
HAT DONLY		ed value		
- Tricing				
		A Daw N	Lader	
ACCOUNT		11 x 100		

		100	w Made	W
ACCOUNT CODE	QUANITY or UNITS		Wy	
5401	1	DESCRIPTION of SERVICES or PRODUCT		
5406		PUMP CHARGE	UNIT PRICE	TOTAL
54127	d D	MILEAGE		1030.00
5407	664	casins footage		80.00
35020	Min	Ton miles		American Constant
33000	2	80 vac		180.00
			1	180.00
1124	100			.00
11183	100	50150 cen		
4402	268tt			1095,00
02		26 0/90		56.28
,		7.3		28,00
				80.00
·				
		117400		
		04/100		1
dn 6707			+	
rin 3737			SALEDTAN	8g 03
JTHORIZTION	Kapk		SALES TAX ESTIMATED	89 03
	the payment terms, unless	JOS TITLE	TOTAL	908.31
anual l	ure payment terms, unles	s spooifically	DATE	

cknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's ecount records, at our office, and conditions of service on the back of this form are in effect for services identified on this form