

## Kansas Corporation Commission Oil & Gas Conservation Division

1125945

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         ☐ SHOW           ☐ Gas         ☐ D&A         ☐ ENHR         ☐ SIGW           ☐ OG         ☐ GSW         ☐ Temp. Abd.           ☐ CM (Coal Bed Methane)         ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
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  Plug Back: Plug Back Total Depth  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:  ENHR Permit #:  GSW Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name:  License #:  Quarter Sec Twp S. R
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					

Side Two

1125945

Operator Name:			Lease Nam	ie:			Well #:		
Sec Twp	S. R	East West	County:						
time tool open and clos	sed, flowing and shut- s if gas to surface tes	base of formations per in pressures, whether s t, along with final chart well site report.	shut-in pressure	reached s	tatic level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S	theets)	Yes No	[	Log	Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geole	•	Yes No	1	Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	l Electronically	Yes No Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings set-	RECORD		Used	on, etc.			
Purpose of String	Size Hole Drilled	Hole Size Casing		5	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
	263	001 ( 0.2.)	Lbs. / Ft.		<u> </u>	Comon	0000		
		ADDITIONA	L OFMENTING /	00115575	DECORD				
Durnoso: Donth				ITING / SQUEEZE RECORD  cks Used Type and Percent Additives					
Perforate	Perforate Top Bottom		# Sacks Use	# Sacks Used Typ			Percent Additives		
Protect Casing Plug Back TD									
Plug Off Zone									
	PERFORATIO	N RECORD - Bridge Plu	as Set/Tyne		Acid Fra	ture Shot Ceme	nt Squeeze Record	Н	
Shots Per Foot	ot PERFORATION RECORD - Bridge Plugs Set Specify Footage of Each Interval Perforate					nount and Kind of N		u	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes N	0		
Date of First, Resumed I	Production, SWD or ENH	R. Producing Me	thod:	Gas Li	ft C	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bl	ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		METHOD OF COI	MPLETION:			PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open Hole		Dually Comp		nmingled			
(If vented, Sub	mit ACO-18.)	Other (Specify)	(Su	bmit ACO-5)	(Subi	nit ACO-4) —			



CUSTOMER#

LOCATION Offama KS
FOREMAN Fred Mader

RANGE

COUNTY

TOWNSHIP

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

DATE

## FIELD TICKET & TREATMENT REPORT CEMENT

SECTION

WELL NAME & NUMBER

CUSTOMER	7069 Grando	n-Dali	# 28	5W 9	17	22	MI	
MAILING ADDRE	sch Oil Well			TRUCK#	DRIVER	TRUCK#	DRIVER	
	ESS	3		.506	FreMad	Safet	my.	
P.O. 13			_	495	Nar Bec	HB 0	7	
CITY	STATE	ZIP CODE		369	Der Mas	DM		
Othan	ia Ks	66067		558	Bro Man	BM		
JOB TYPE Lo	ngstring HOLE SIZE	578	_ HOLE DEPTH	695	CASING SIZE & W	EIGHT 216	EUE	
CASING DEPTH	DRILL PIPE		_TUBING			OTHER		
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT								
DISPLACEMENT			MIX PSI	. #	RATE 53 P			
REMARKS: E	stablish atrevla	Ston. 1	nix KPu	np 100# (	el Flush.	MIXXX	Ump	
	SKS 50/50 Pa	2 Mix	Cement	. 2% Cel.	Cement	to Sus	Face.	
_ Flue	sh pump + (nes	clean.	Displa	ce 2/2	Rubberg	lug to		
_ cas	sive To. Press	sure x	0 600	- PS1. K	elease p	ressure		
	sex float Valu	ie- Sh	of in	Casing.			(62)	
			-					
<del></del>	<u> </u>				of a said			
- Hat	Drilling.				frad M	odu		
ACCOUNT	<i>U</i>							
CODE	QUANITY or UNITS	DE	ESCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL	
5401		PUMP CHARC	GE		495		10,3000	
5406	20 mi	MILEAGE			495		8000	
5402	689	Casily	footage				N/C	
5407	Minimum?	10n 9	niles		<u>55</u> 8		35000	
5502C	1/2 hr	80 BB	L Vac TV	vell	369		/3500	
							700	
							~	
1/24	125sKs	50/50	Por Mix	Coment			136875	
1118B	310#	A /	you al				6510	
4402	1	2½" R	ubber,	Aluc			2800	
		W	2 10 10-21	7	e		28	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					16	
			19		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- TANK		
				9				
					Don	18		
							1.	
Pavio 2707					7.55%	SALES TAX	110 37	
Ravin 3737				>_		ESTIMATED	22	
AUTHORIZTION_	Docters	منالع	TITLE Y	RES.	_	TOTAL	3167	
l acknowledge i	that the navment terms unle	es enocifica	lly amondod i	in writing on th		DATE	<u>F</u>	
account record	that the payment terms, unle is, at our office, and condition	ns of servic	e on the back	of this form a	e iront of the for e in effect for se	rm or in the cu ervices identif	stomer's ed on this for	

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