



KANSAS CORPORATION COMMISSION 1127399  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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: \_\_\_\_\_



Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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ENTERED

TICKET NUMBER 35365  
 LOCATION 180  
 FOREMAN Larry Stearn

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

FIELD TICKET & TREATMENT REPORT

CEMENT API-15-035-24488

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-10-12	1091	KAS 27-3	27	245	3E	Cowley
CUSTOMER KAS OIL CO			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 5508 Edgemont Dr Ste #4			603 Jeff			
CITY STATE ZIP CODE Arkansas City KS 67005			681 Mark			
			692 Tracey			
			539 Larry			

JOB TYPE Prod B HOLE SIZE 7 7/8 HOLE DEPTH 3455 CASING SIZE & WEIGHT 5 1/2 15.1 lb  
 CASING DEPTH 34 DRILL PIPE TUBING OTHER  
 SLURRY WEIGHT 15.0 SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 2 ft  
 DISPLACEMENT 82.22 DISPLACEMENT PSI 1250 MIX PSI 0 RATE 7.2 bbl/s

REMARKS: Pumped 5 1/2 Cg. Brake Circulation - Pumped 5 lbs water  
 12 Hrs Mud Flush - 5 lbs water - Mixed 175 sks Thick set  
 + 5 lbs sol-seal + 4 lb Poly-Make - Mixed Pump & PWS -  
 Displaced plug with Fresh water. - Landed plug at 1250 lbs  
 Also pumped 83 bbls - float valve

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	63	MILEAGE	4.00	252.00
5402	955	Footage	.22	210.10
1126A	175	sks Thick set	19.20	3360.00
1110A	875	11 sol-seal	.46	402.50
1107	50	lbs Poly Make	2.35	117.50
1144G	500	gals Mud Flush	1.05	525.00
5407A	63	Bulk Delivery @ 9.2	1.34	776.66
5502C	5	80 VAC	90.00	450.00
4159	1	5 1/2 API Hoop Shoes	344.00	344.00
4310	1	5 1/2 Cg Collar	89.58	89.58
4310	1	5 1/2 x 10 nipple	113.46	113.46
4454	1	5 1/2 Latch - collar	254.00	254.00
4104	2	5 1/2 Cement Baskets	229.00	458.00
4136	8	5 1/2 Centralizers	60.00	480.00
		Subtotal		8862.80
		SALES TAX		417.79
		ESTIMATED TOTAL		9280.59

AUTHORIZATION Day TITLE Genl Supt DATE 11-10-12

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



**ENTERED**

TICKET NUMBER 35380  
 LOCATION E/Darnold Ks 180  
 FOREMAN William Zabel

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-035-24487-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
11-5-12	1091	AAS 27-3	27	34	3E	Cowley																
CUSTOMER <u>AAS oil Co Inc</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>467</td> <td>Ron M</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Termin A</td> <td></td> <td></td> </tr> <tr> <td>526</td> <td>Blitz</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	467	Ron M			491	Termin A			526	Blitz		
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MAILING ADDRESS <u>2508 Edgemont Dr. Suite 4</u>																						
CITY <u>Arkansas City</u>	STATE <u>Ks</u>	ZIP CODE <u>67005</u>																				

JOB TYPE Cement Surface HOLE SIZE 12 1/4 HOLE DEPTH 323' CASING SIZE & WEIGHT 8 5/8" 32 lbs  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 19 BBL DISPLACEMENT PSI 2016 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Break circulation mixed + pumped 185 sk cement. Followed with 19 BBL water shut in & washed up.

185 sk Class A.  
3% Calcium  
2% gel  
1/4% Poly.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE <u>Surface Pipe cement.</u>	825.00	825.00
5406	63	MILEAGE <u>Pump truck.</u>	4.00	252.00
5407 A	63 miles	<u>Bulk Delivery 185 sk.</u>	1.34/mile	734.03
11045	185 sk	<u>Class A Cement.</u>	14.95	2765.75
1102	480 lbs	<u>Calcium Chloride.</u>	.74	355.20
1118 B	350 lbs	<u>Premium Gel Bentonite.</u>	.21	73.50
1107	75 lbs	<u>Poly Floater</u>	2.35	176.25
		<u>Sub Total</u>		<u>\$ 5181.73</u>
			SALES TAX	<u>629.21</u>
			ESTIMATED TOTAL	<u>5810.94</u>

Ravin 3737

AUTHORIZATION MU DAF TITLE Tool Pusher DATE 11-5-12

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.