



KANSAS CORPORATION COMMISSION 1127722  
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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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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## DRILL LOG

Operator License# \_\_\_\_\_

API 15-059-26165-00-00

Operator \_\_\_\_\_

Lease Name Coons

Address \_\_\_\_\_

Well # 30

Contractor JTC Oil, Inc.

Spud Date 8/7/12 Cement 8/10/12

Contractor License\_\_ 32834

Location \_\_\_\_\_ of \_\_\_\_\_

T.D. 798 T.D. of Pipe 770

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size \_\_\_\_\_ Depth 20 ft.

\_\_\_\_\_ feet from \_\_\_\_\_

Kind of Well \_\_\_\_\_

County Franklin

Thickness	Strata	From	To	Thickness	Strata	From	To
3	soil	0	3	6	shale	159	165
18	clay	3	21	21	lime	165	186
19	shale	21	40	78	shale	186	264
1	lime	40	41	27	lime	264	291
4	shale	41	45	14	shale	291	305
1	lime	45	46	6	lime	305	311
14	shale	46	60	19	shale	311	330
26	lime	60	86	3	lime	330	333
8	shale	86	94	37	shale	333	370
11	lime	94	105	8	lime	370	378
3	shale	105	108	1	shale	378	379

COONS 30

<u>20</u>	lime	108	128	13	lime	379	392
<u>22</u>	shale	128	150	10	shale	392	402
<u>2</u>	lime	150	152				
<u>5</u>	shale	152	157				
<u>2</u>	lime	157	159				
<u>23</u>	lime	402	425	3	shale	689	692
<u>4</u>	shale	425	429	8	lime	692	700
<u>5</u>	lime	429	432				
<u>4</u>	shale	532	436	20	shale	700	720
<u>8</u>	lime	436	444	1	lime	720	721
<u>5</u>	shale	444	449	3	shale	721	724
<u>1</u>	lime	559	450	2	little oil	724	726
<u>40</u>	shale	450	490	2	little oil sand	726-728	
<u>2</u>	lime	490	492	2	little oil sand	728-730	
<u>108</u>	shale	492	600	2	little oil	730-732	
<u>2</u>	lime	600	602	2	good	732-734	
<u>20</u>	shale	602	622	2	v good	734-736	
<u>8</u>	lime	622	630	2	v good	736-738	
<u>12</u>	shale	630	642	2	v good	738-740	
<u>3</u>	lime	642	645	2	v good	740-742	
<u>6</u>	shale	645	651	2	v good	742-744	

COONS 30

<u>8</u>	<u>lime</u>	<u>651</u>	<u>659</u>	<u>2</u>	<u>good</u>	<u>744-746</u>
<u>13</u>	<u>shale</u>	<u>659</u>	<u>672</u>	<u>2</u>	<u>good</u>	<u>746-748</u>
<u>4</u>	<u>lime</u>	<u>672</u>	<u>676</u>	<u>2</u>	<u>little</u>	<u>748-750</u>
<u>10</u>	<u>shale</u>	<u>676</u>	<u>686</u>	<u>2</u>	<u>shale</u>	<u>750-752</u>
<u>3</u>	<u>lime</u>	<u>686</u>	<u>689</u>	<u>46</u>	<u>shale</u>	<u>752-798 end</u>



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36524

LOCATION Off Highway 101

FOREMAN Jim Green

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
08-10-12	4015	Koona # 30	SW			FR
CUSTOMER J-TL			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 35688 Plum Creek			669	Jim Gre		
CITY STATE ZIP CODE Osawatomie KS 66064			495	Har Bel		
			505/7-100	Der Mas		
			570	Dan Dut		
JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8"</u>	HOLE DEPTH <u>798'</u>	CASING SIZE & WEIGHT <u>2 1/2"</u>			
CASING DEPTH <u>771'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			

REMARKS: Held crew meeting. Mix and pump 100' gel to flush hole, mix and pump 114 sk 570 Pol mix cement with 28' gel 5% SALT. Flush pump clean w/ cement. Pump 2 1/2" rubber plug to total depth of casing. Pressure up to 800' PSI. Well held good set floats. Circulating cement to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	One	PUMP CHARGE Cement One Well		1030.00
5406	20	MILEAGE		80.00
5407	min	Bulk Tin Mileage		350.00
5502C	2	Vac TK		180.00
5402	771'	Casing footage		N/C
1124	114 sk	570 Pol Mix Cement		1248.30
1118B	328#	Premium Gel		68.88
1111	262#	Granulated Salt		96.94
4402	One	2 1/2" Rubber Plug		28.00
			SALES TAX	112.48
			ESTIMATED TOTAL	3194.60

Revin 3737

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.

251999