

Kansas Corporation Commission Oil & Gas Conservation Division

1129796

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	Amount of Surface Pipe Set and Cemented at: Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Location of fluid disposal if hauled offsite:
Plug Back: Plug Back Total Depth Commingled Permit #:	Location of fluid disposal if fladied offsite.
Commingled Permit #: Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R
☐ 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 II Approved by: Date:											

Side Two

1129796

Operator Name:			Lease Name: _			Well #:							
Sec Twp	S. R	East West	County:										
time tool open and clo	sed, flowing and shut es if gas to surface tes	d base of formations per -in pressures, whether s st, along with final chart(well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom he	ole temperature, fluid						
Drill Stem Tests Taken (Attach Additional S		Yes No		₋og Formatio	n (Top), Depth an	d Datum	Sample						
Samples Sent to Geol	·	☐ Yes ☐ No	Nan	ne		Top Datum							
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	d Electronically	Yes No Yes No Yes No											
List All E. Logs Run:													
		CASING Report all strings set-		lew Used termediate, producti	on, 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						
	1	ADDITIONAL	_ _ CEMENTING / SQ	UEEZE RECORD	I								
Purpose: —— Perforate —— Protect Casing —— Plug Back TD —— Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives							
Shots Per Foot		ON RECORD - Bridge Pluç ootage of Each Interval Per				, Cement Squeeze Record Kind of Material Used)							
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No								
Date of First, Resumed	Production, SWD or EN	HR. Producing Met	hod:		other (Explain)								
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wa	ter Bl	ols. (Gas-Oil Ratio	Gravity						
DISPOSITIO	Used on Lease	Open Hole		ly Comp. Con	nmingled mit ACO-4)	PRODUCTIO	N INTERVAL:						



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

1718 07755 A

The second second	PRESSURE PUN	APING & WIRELINE	Ulle 02U-0/2		-		DATE	TICKET NO						
DATE OF JOB 37 - 1	7.13	DISTRICT KANS	a.\$	***************************************	NEW 🔀	OLD	PROD INJ	WDW		STOMER DER NO.:				
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		at the written consent of an o				S	SIGNED: (WELL OWNE	R, OPERATOR, C	ONTRAC	OTOR OR AC	GENT)			
ITEM/PRICE REF. NO.	P	MATERIAL, EQUIPMENT	AND SERVIC	ES USE	D	UNIT	QUANTITY	UNIT PRICE	<u> </u>	\$ AMOUN	1T			
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								ТОТ	AL .					

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OP AATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

REPRESENTATIVE/

SERVICE



TREATMENT REPORT

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Depth 7/6	Depth	Fro	om	То			Pro	e Pad	Cemmo	Max				5 Min.						
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TD 4047



Petromark Drilling 52+ 23714.96

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