Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1124025

Form ACO-1 August 2013 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:	
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: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG   GSW   Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled         Permit #:           Dual Completion         Permit #:	Dewatering method used:
SWD         Permit #:	Location of fluid disposal if hauled offsite:
ENHR     Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two 1124025	
Operator Name:	_ Lease Name: Well #:	
Sec TwpS. R East _ West	County:	

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)		Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolo	gical Survey	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth	Type of Cement	# Sacks Used		Type and I	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				
				I

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

Yes	No
Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Ce (Amount and Kino	ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHR		Producing M	ethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
[										
DISPOSITI	ON OF G	AS:			_				PRODUCTION INTER	RVAL:
Vented Solo	J 🗌 L	Jsed on Lease		Open Hole	Perf.	Uually (Submit )		Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other (Specify)			,			

Consolidated			7856728899	ŗ	5.5
CONSOLIDATED Oil Well Services, LLC			TICKET NUMB	Ochly	7:238
PO Box 884, Chanute, KS 66720 FIELD TICKET &	TREATME		ORT	192 54	au
620-431-9210 or 800-467-8676	EMENT				4.5
DATE CUSTOMER # WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
12-19-12 7158 Decliptin Forms Al	1	28	INS		
CUSTOMER	dy Stu			334	60597
		TRUCK #	DRIVER	TRUCK #	DRIVER
44	/ 29	9	Danon		DRIVER
CITY STATE TIP COPE	40:	5	Trange		
CITY STATE ZIP CODE Sin	Star	ty .	Phil K		
0.54					
	E DEPTH 5	1651'	CASING SIZE & WI	FIGHT	1
CASING DEPTH DRILL PIPETUBI	ING			OTHER	
SLURRY WEIGHT 13.8 SLURRY VOL 1.4 WAT	ER gal/sk		CEMENT LEFT in C		
DISPLACEMENT DISPLACEMENT PSI MIX F			RATE	ASING	
REMARKS: ) CHELY Me change and children		ins #		- 1	
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RH JOSK MHISSUS					
, <i>u</i>					

Thanks Mits + Crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		T
540.510	1	PUMP CHARGE	UNIT PRICE	TOTAL
5404	30	MILEAGE	1520.	1325,00
5407A	9.46 TUNS	Ton Mittage delivery	5:00	130.
1131	230545	Poz 6940 1 pm ent	1.67	473.84
INSB	756 #	Bentonite gel	,25	189 00
1107	55#	to seal		
4432	/	8 378 housin U. par plug	2,82 56	155,10 96,00
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				A hole
		•		ABION A
	1			
			·	101
Ravin 3737		<b>A</b>	SALES TAX	264.11
			ESTIMATED	
AUTHORIZTION	Steven Craig	TITLE TOOLPUSHER	TOTAL DATE 12-19	5404.05
			DATE 12 19	- 1 L

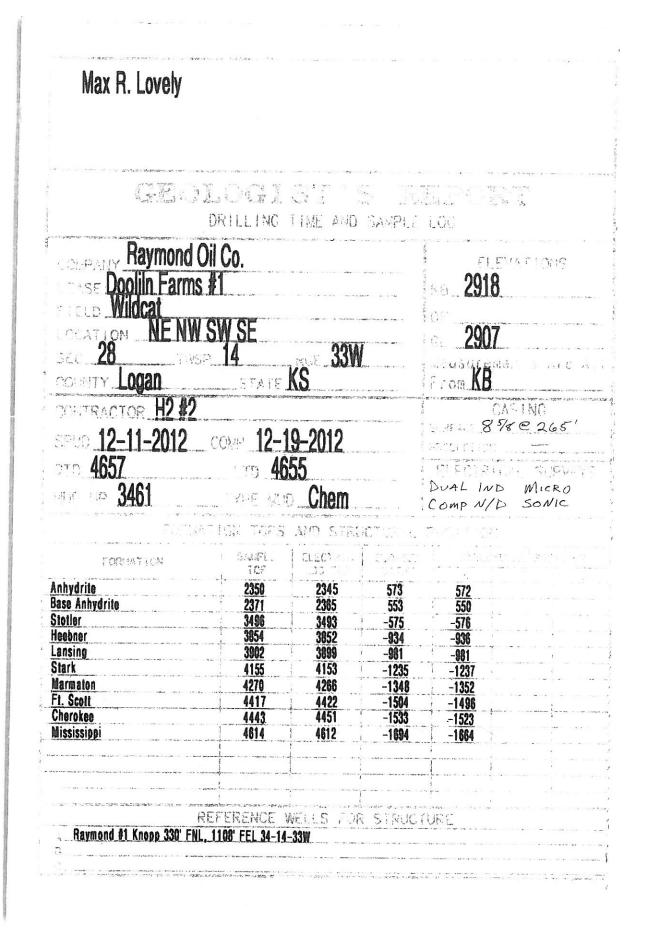
l acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

		the second s				
				TICKET NUM	BER 3	9200
	ONSOLIDATED			LOCATION	Ochlard	775
	Cil Wall Bervisco, LLC			FOREMAN	milesSt	
D Bay Bld C		LD TICKET & TREA			Walt Dink	I I
620-431-9210	hanute, KS 66720 FIE or 800-467-8676	CEMEN				
DATE	T		SECTION	TOWNSHIP	RANGE	US COUNTY
12 11 12	+					
CUSTOMER	7158 Dooliti	Farms tel	28	145	336	Locan
	Lay mond oil	Ochtey Sout	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR		west tuleged	452 T118	Jacks		
		Endall	460	DELIDY	1	1
CITY	STATE	ZIP CODE to cld Stone hours -				
		Ninto				+
JOB TYPE S	hotace HOLE SIZE	12/4# HOLE DEPTH	249'	CASING SIZE & V	NEIGHT \$51	¥ 24#
CASING DEPTH		TUBING		CAGING GILL &	OTHER	01.
SLURRY WEIGH	1.1 6.	1.36 WATER gal/s		CEMENT LEFT in	0	·//
DISPLACEMEN	<u> </u>		n	RATE	CASING	
REMARKS:			112.47	c 11	C 1	
miy das	- 4	~~~~~ /	12850	Circulate	Casing	
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	10.2 ····································	3 BBC to Pit				
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				1		
ACCOUNT		1	Tha	nul Mitz	st Crew	
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE			1085,a	1085,00
5406	25	MILEAGE			125,00	
5407A			11.	··· ··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·		100,
	10,57 TUNS	Ton Mitrage g			1.67	441.50
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					Pambion	719
				6	SALES TAX	325.82
avin 3737					ESTIMATED	
	Steven Craig		10		TOTAL	5989.30
UTHORIZTION_	Menen roig	TITLE_/O	DLPUSHE	K	DATE 12-1	-12

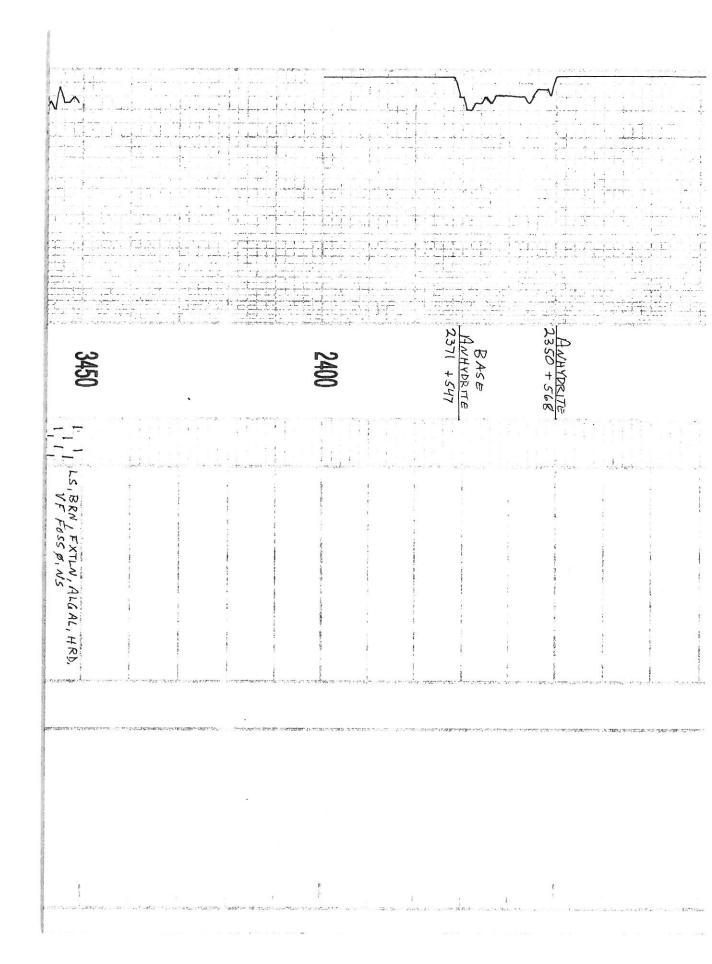
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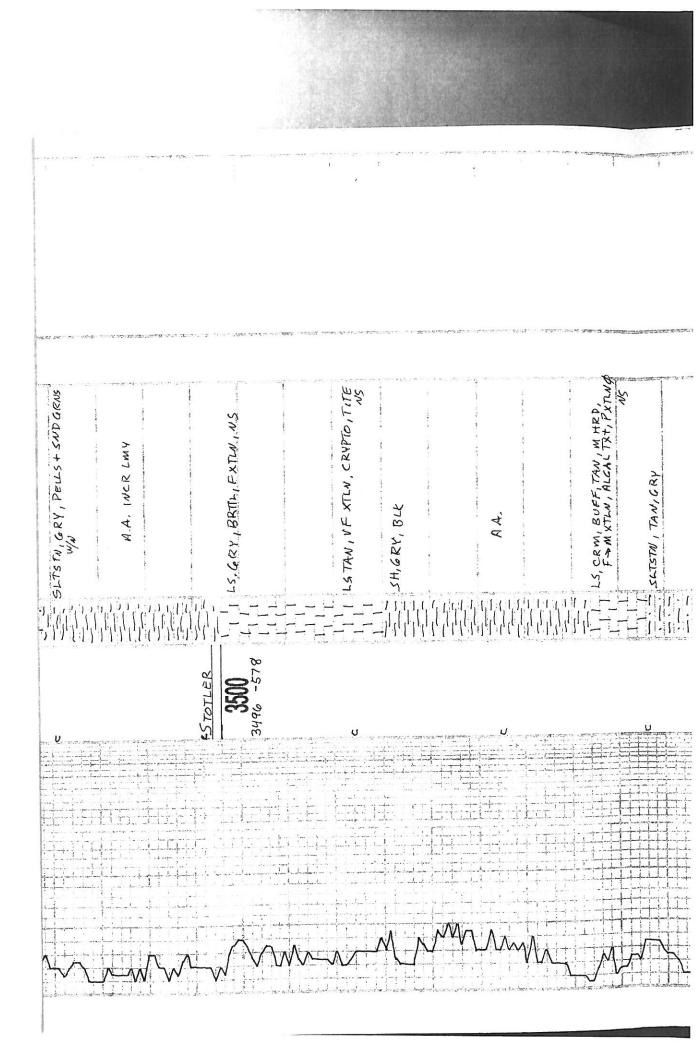
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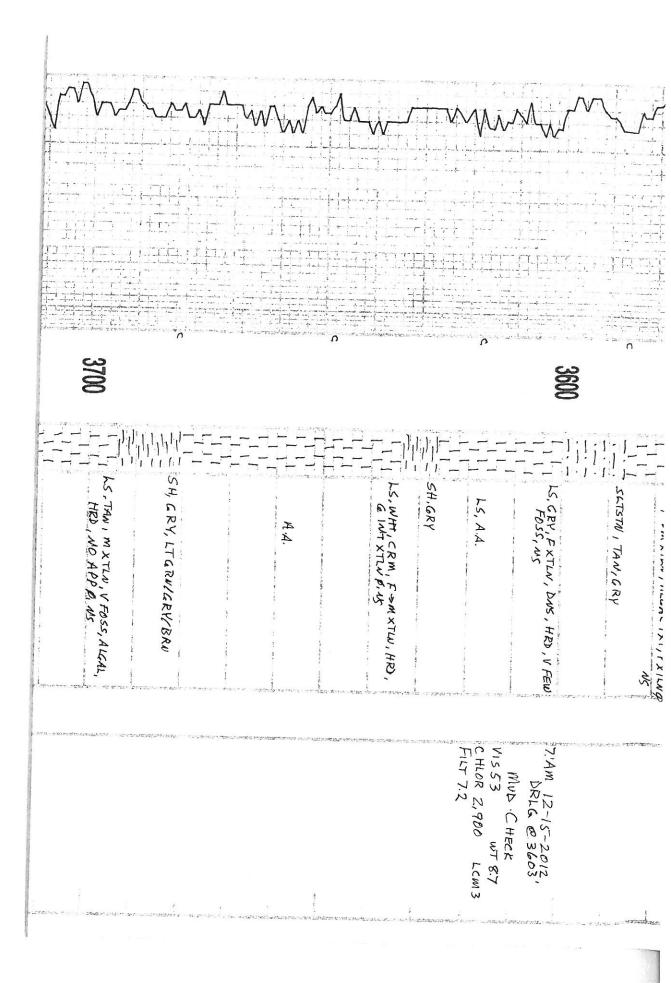
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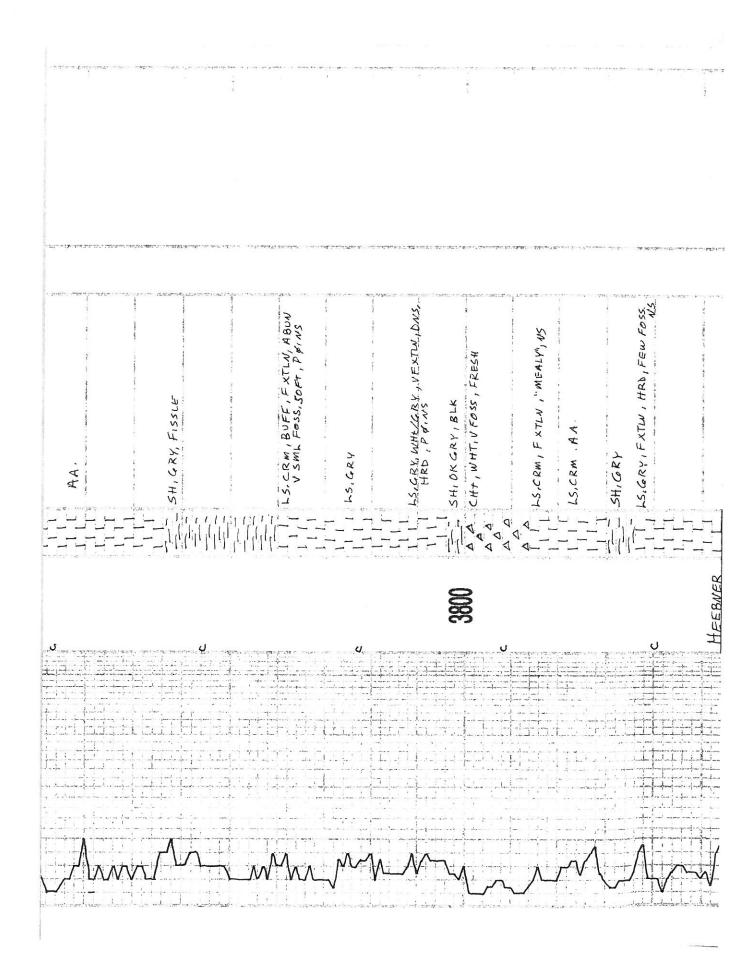


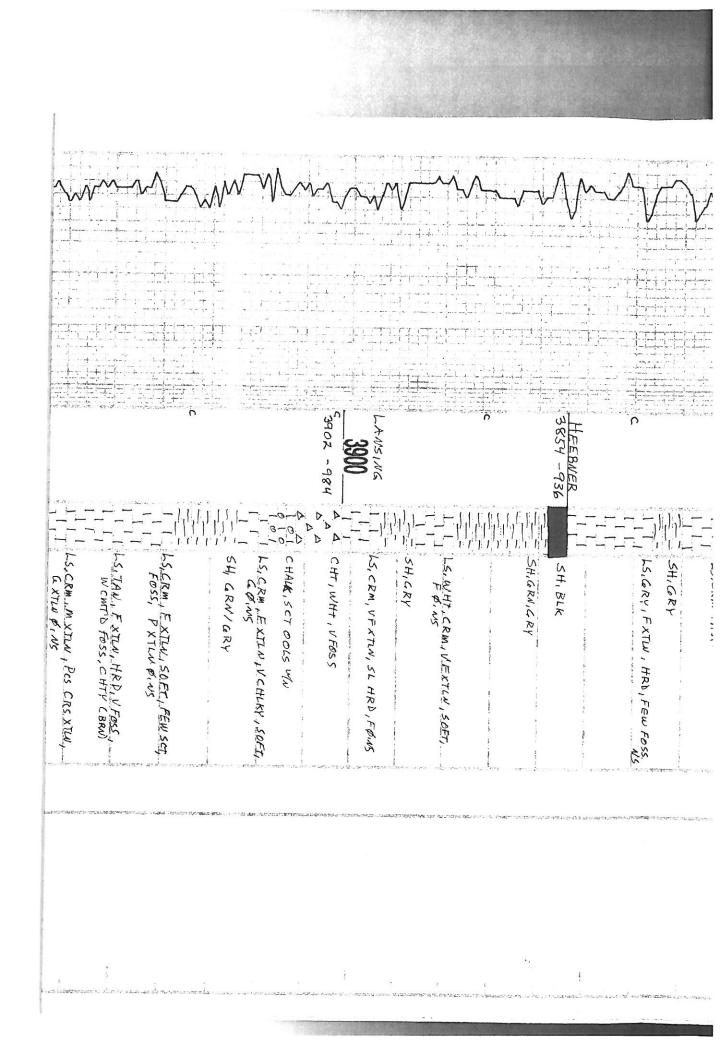
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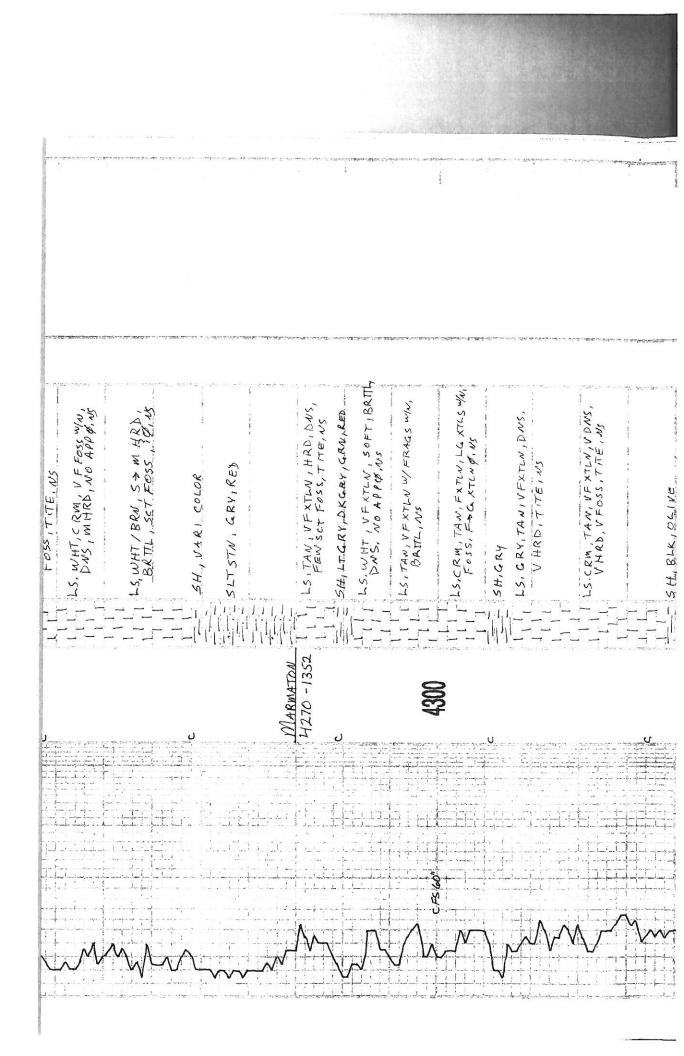




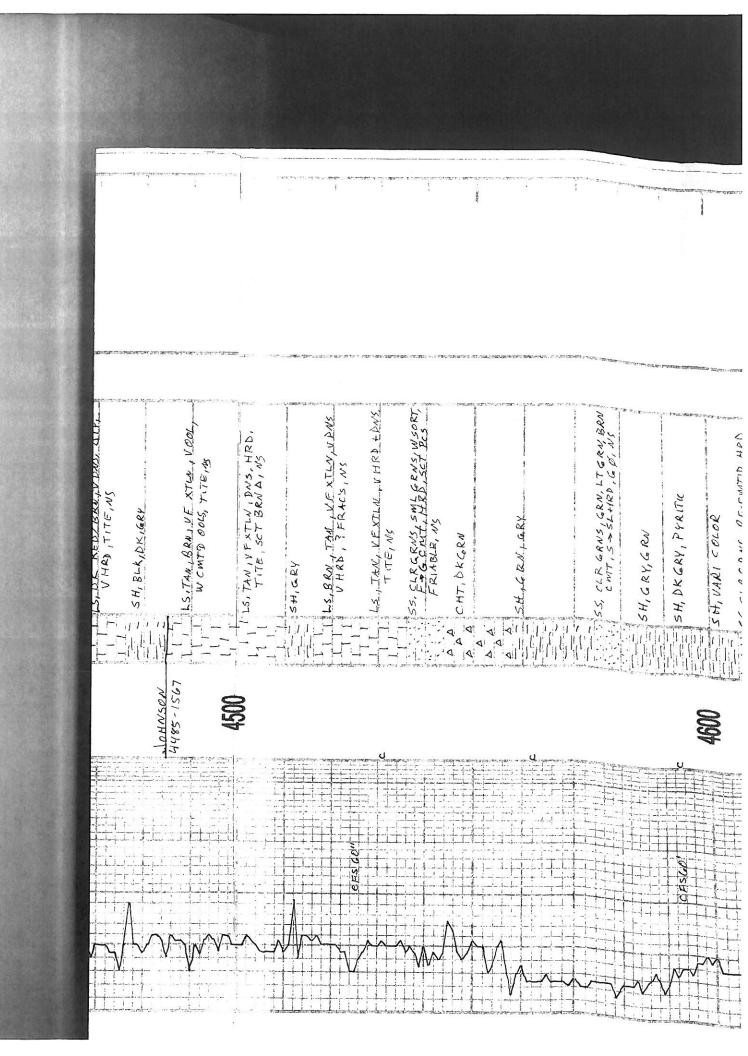


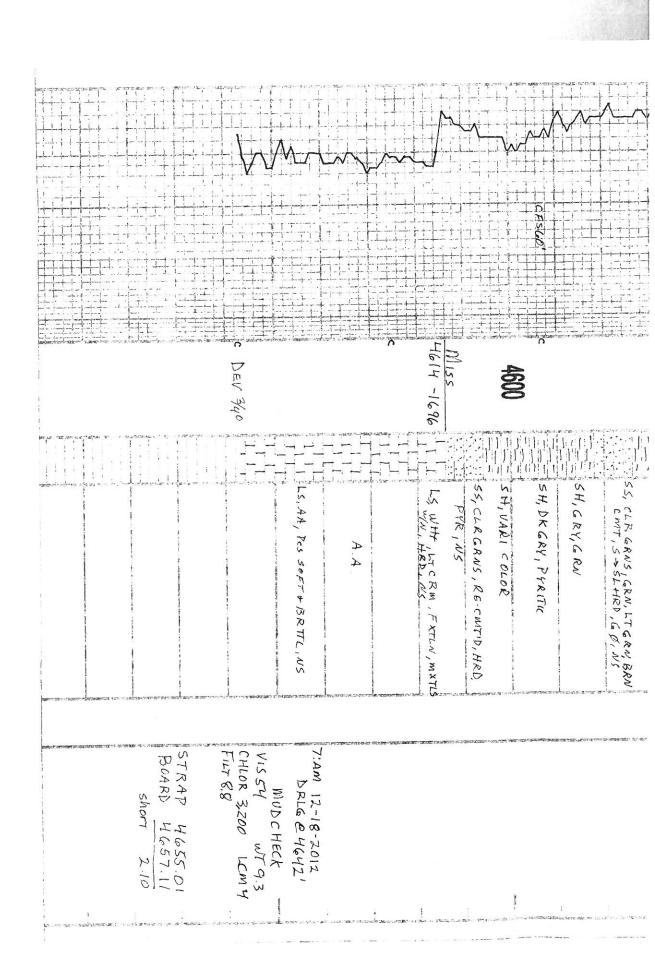
. 1.JT 9.7 7:4M 12-16-2012 DRLG @ 4090' WIS 48 WIT 45, TAN/G.R.Y.SCT FOSS FRAGS W. HRD, NO APPOINS. ZAP, GRY ZA CHY, WHT, OTA Q, FEW Foss "W LS. GRY, VFXTLN, DNS, HRY TITE L'I LS, TAN, DK GRY/BRN, VF XTW, 1 I 2 BNS, HRD, TITE, AS 5 H, GRY "LS WHTTAN, CRY, VFXTLN, DNS, HRD, TTTE, NS LS.C.RM., EXILM, M.HRD, EEW. FOSS, Pp. NS SN 1 LS, WCHT, E S CRS XTLW, SCT 1 VUG, WS LS, CRN / TAN, F+CRS XTLN, HAD I G XTLN & INS SH, BLK LS, A.A. 2 1 1-4068-1150 WIRIC 4000 4100 11

CFS HSI 4155-1237 STARK 4200 4100 .] 的特征 LS, BRN, VFXTLN, VDNS + HRD, SLISTN, GRY SH, BLK LS, TAN, BUFF, VFXTLN, VHRY, WCMT'D FOSS, NS LS, BRN WHY, VFXTLN, DNS, V HRD, PYR, TITE, NS LS, GRY, VF XTLN, V DWS FHED, FOSS, TITE, NS LS, WHT, CRM, F+CRS XTLW'S W/W, SOFY, BRTIL, SCT PCS W/W CHTY LS, BRN, VFXTLN, HRD, DNS, TITE, NS DoLO, CRM/TAN, SUCR, SET LG SH, BLE LS, CRM, FXTLN, SL DNS, HAD CH+, WHT, OPA Q, FEW Foss Mu COLS, FSGØINS SH, GRY LS, CRM, WHY, F>CRSXTLN, GXTLN Ø, NS + 14 + VIS 48 " CHLOR 3,300" FILT 7.2 7:AM 12-16-2012 DRLG @ 4090 MUD CHECK WT 9.2 LCM Z



CFS 60" CESHST C C 4361-1443 4417 - 1499 4399 PAWNER 4443 -1525 HEROKEE VRICK COT 1477 1.0 0 -DI D D D D D 2 0 SH, BLK, OLIVE CHT, MILKY, CRY, TAN, ERESH LS.CRM, TAN, VFXTLN, VDNS, VHRD, VFOSS, THE, MS LSITAN, CRM, FXTLN, VHRD+DAS CHT, TAN, BRN, WHT, CRM LOSSWA LS, TAN, CRM/WHT, VF XTW, DNS, HED, VW CMTD OOLS, TITEINS ILS, GRY, VFXTLN, HRD, DMS, LS DK BRN, REW XTLS WW, SCT CRIM/ CHLKY STRISS, WS KS, CRM, VF XTLN, VHAD, VDNS W CMTID FOSS FRACS W/1, TITE LS, BRN, WHT, CRM, VFXTLN, VHRD, DNS, TITE, NS SH, GRY, BLE GRU SHI CIRY, CIRK SCT FOSS, ? FRACISINS SH, BLK LS. TAN, FXTLN, CRUMBLY, V FOS, F & NA FOSS CALGAL), TITE, NS in 5 = 7 7:AM 12-17-2012 DRLG @4405' FILT 10.0 CHLOR 3,500 V1551 MUD CHECK WT 9.3 Km3





Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

March 12, 2013

Ted McHenry Raymond Oil Company, Inc. PO BOX 48788 WICHITA, KS 67202-1822

Re: ACO1 API 15-109-21139-00-00 DooliIn Farms 1 SE/4 Sec.28-14S-33W Logan County, Kansas

**Dear Production Department:** 

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Ted McHenry