Confidentiality Requested: Yes No

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

1128299

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:	Sec TwpS. R East 🗌 West
Address 2:	Feet from Dorth / 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:, (e.gxxx.xxxxx)
Name:	(e.g xxx.xxxx) (e.g xxx.xxxxx)
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workd	
Oil WSW SWD	SIOW SIOW
Gas D&A ENHR	Story       Elevation: Ground: Kelly Bushing:         SIGW       Story
OG GSW	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
Dual Completion     Permit #:	Dewatering method used:
SWD Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completi	Quarter Sec TwpS. R East West
Recompletion Date Recompl	etion 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 Iwo	1128299
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 She	eets)	Yes No	Lo	g Formatio	on (Top), Depth ar		Sample
Samples Sent to Geolog	ical Survey	Yes No	Name			Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD New onductor, surface, interi		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 / SQUE	EZE RECORD			

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

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

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

No

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

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		e	A		ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	n:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	<b>}</b> .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF C	AS:			METHOD				PRODUCTION IN	TERVAL:
Vented Solo	1 🗌 I	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled		
(If vented, Su	bmit ACC	0-18.)		Other (Specify	)	(Submit )		(Submit ACO-4)		

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

April 24, 2013

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

Re: ACO1 API 15-203-20208-00-00 Gertsberger 1 NE/4 Sec.22-20S-36W Wichita County, Kansas

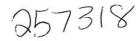
**Dear Production Department:** 

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





TICKET NUMBER 3939 LOCATION DAR ey, KS FOREMAN Fuzzy

		hanute, KS 667	20 FIELD TICK	ET & TREA	TMENT REP	ORT		
		or 800-467-8676	3	CEMEN				اد
	DATE	CUSTOMER #	WELL NAME & NU	JMBER	SECTION	TOWNSHIP	RANGE	
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer' account records, at our office, and conditions of service on the back of this form are in effect for services identified on the

-0 Box 884 C	hanute, KS 66720	257194 eld ticket & trea		TICKET NUME LOCATION_C FOREMAN_E	Jakley	9324 (, <del>25</del> be (
620-431-9210	or 800-467-8676	CEME	T			KS
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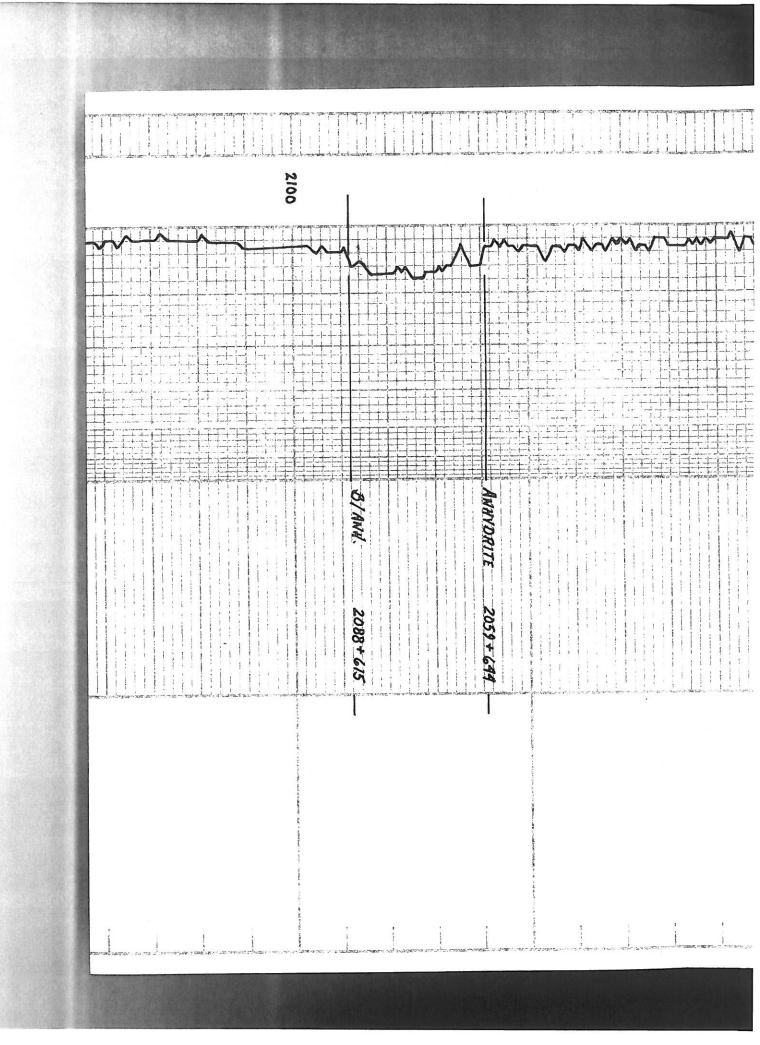
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for

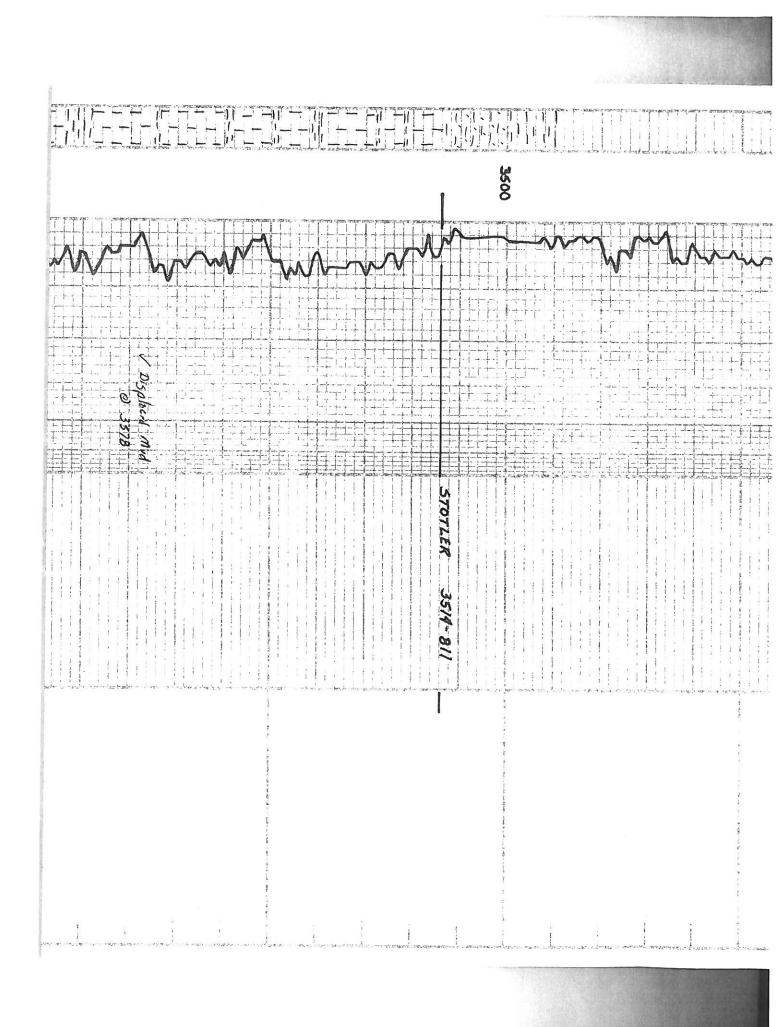
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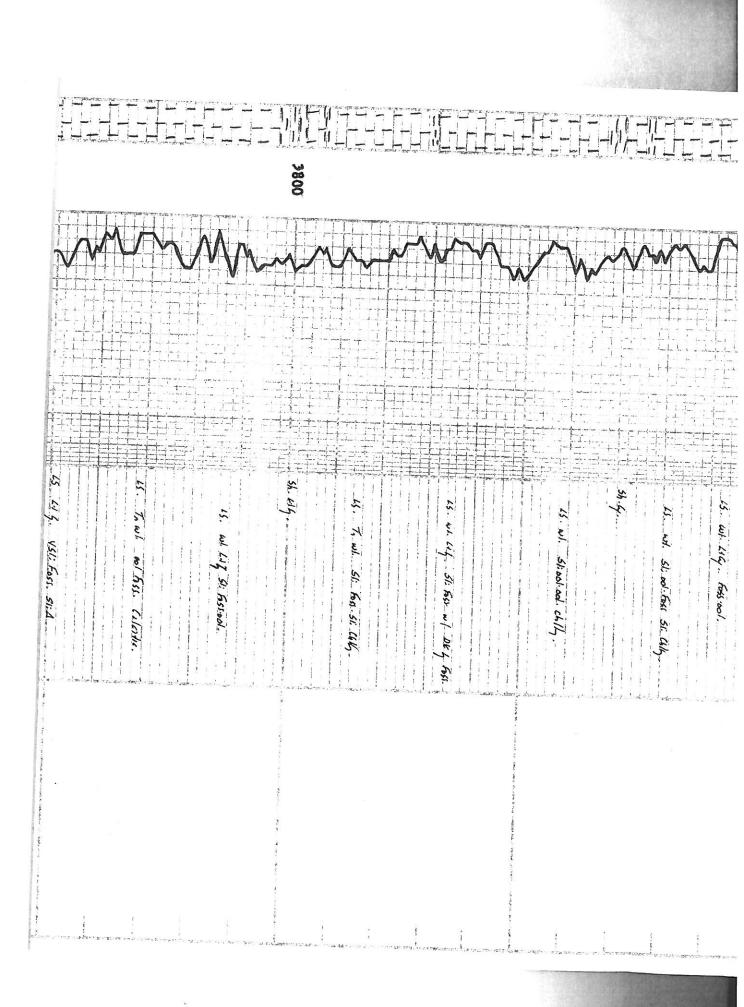
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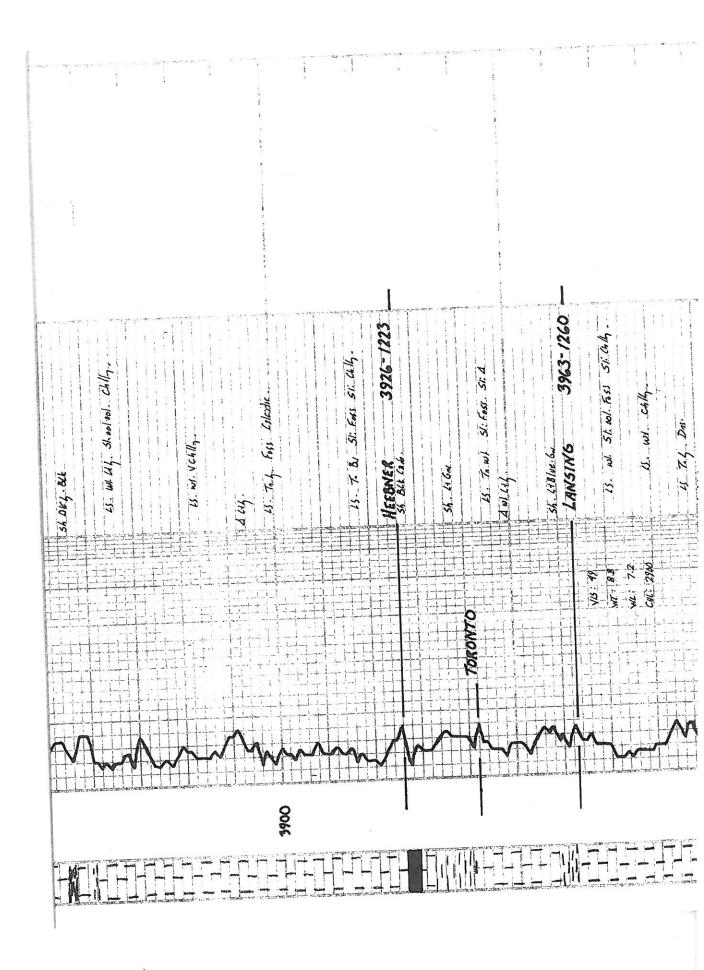


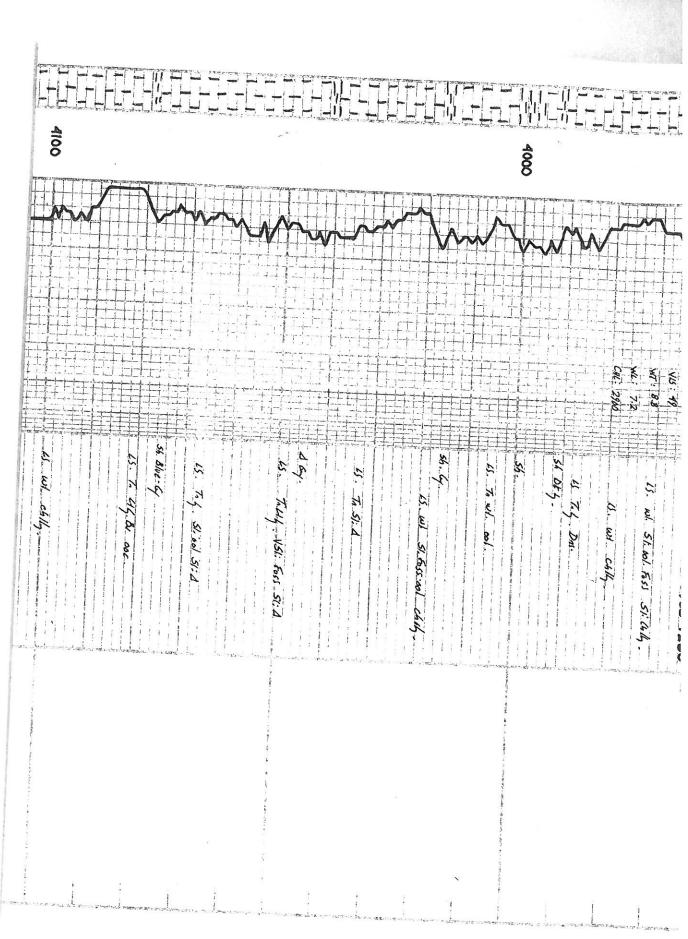
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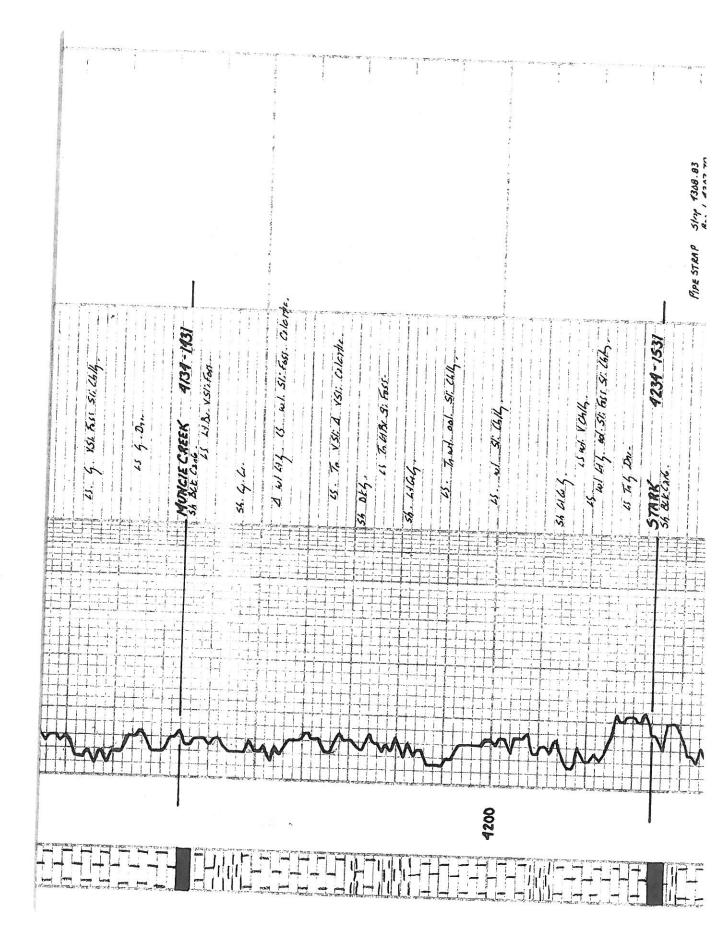


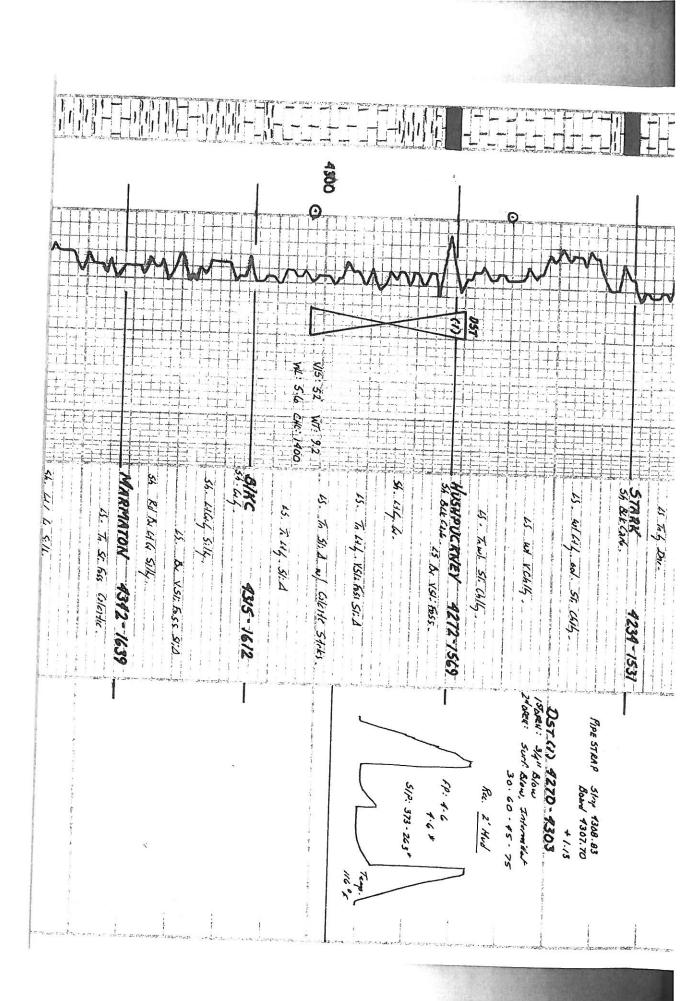
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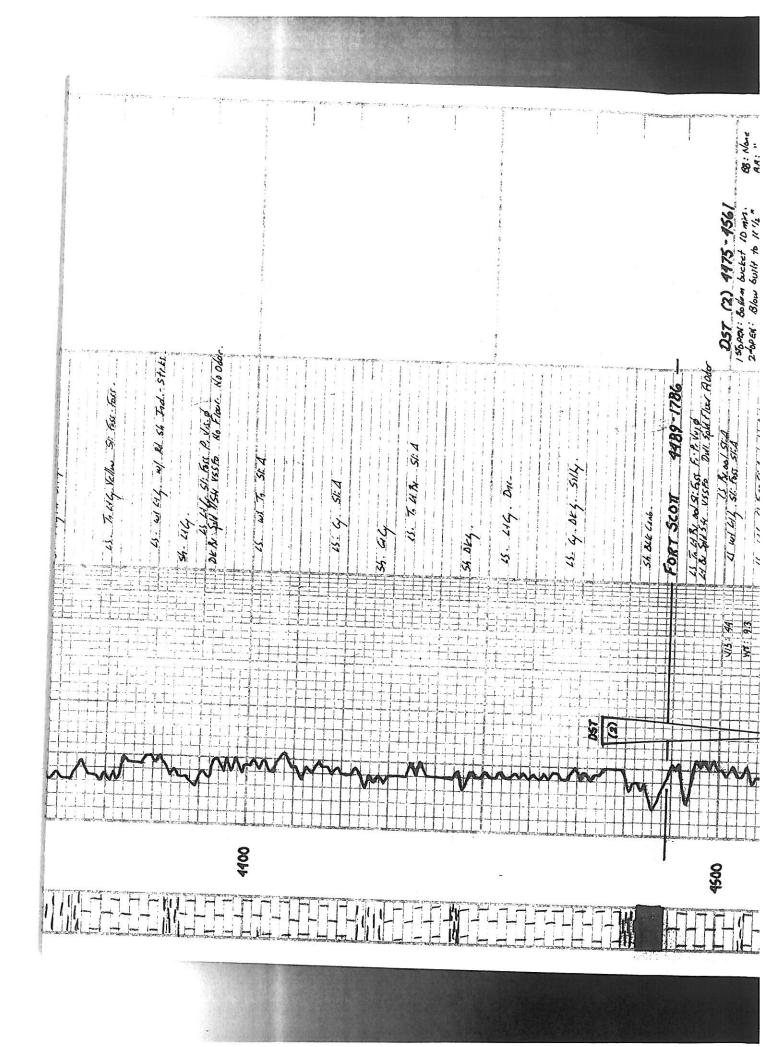


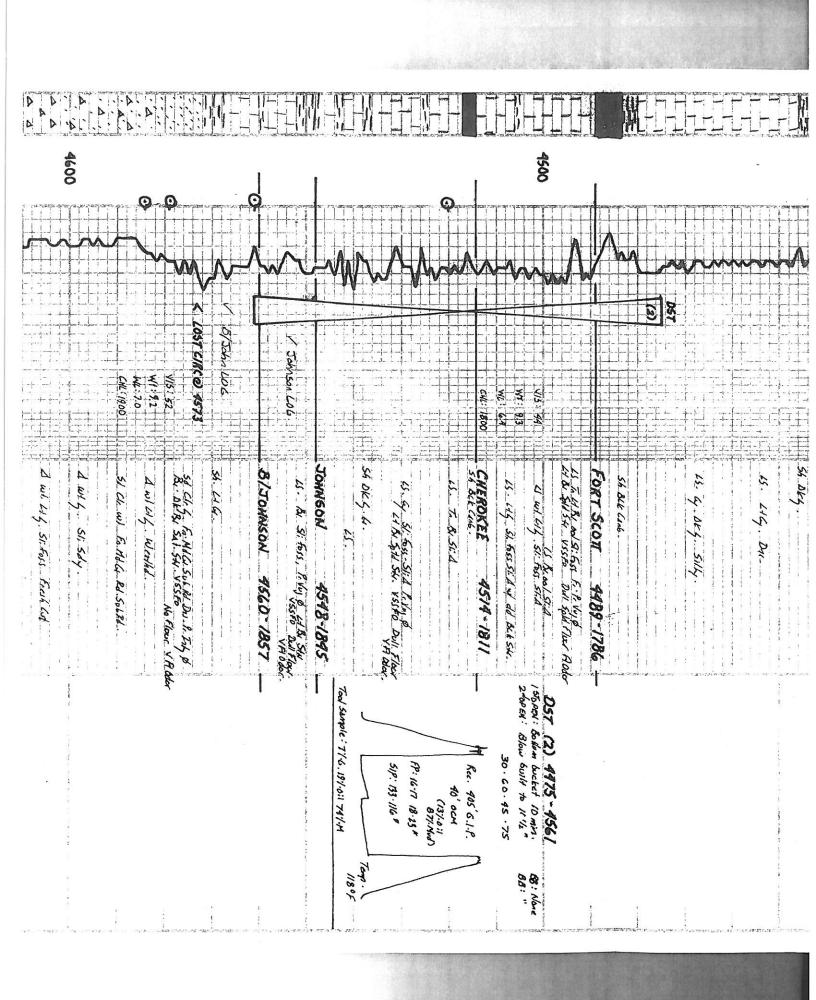












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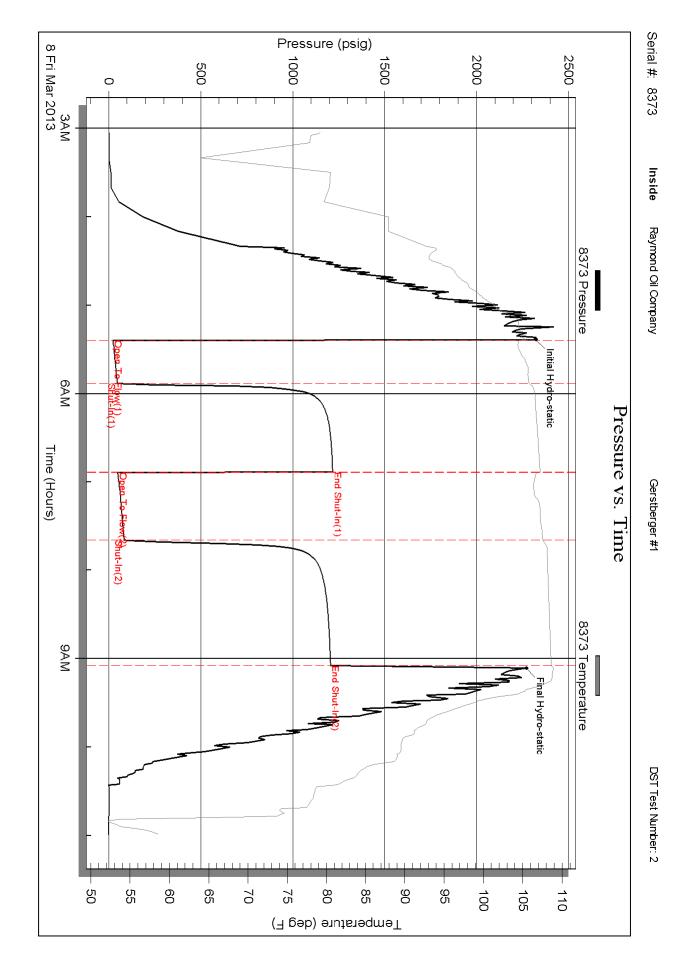
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	ATTN: Max Lovely		Job Ticket: Test Start:	2013.03.08 @ 0	<b>DST#: 2</b> 3:02:54
GENERAL INFORMATION:					
Formation: <b>Pawnee</b> Deviated: No Whipstock: Time Tool Opened: 05:23:54 Time Test Ended: 10:58:54	ft (KB)		Test Type: Tester: Unit No:	Conventional E Brandon Turley 60	Bottom Hole (Reset) y
Interval:4526.00 ft (KB) To457Total Depth:4570.00 ft (KB) (TVHole Diameter:7.88 inches Hole			Reference Kl	Elevations: B to GR/CF:	3230.00 ft (KB) 3220.00 ft (CF) 10.00 ft
Serial #: 8373InsidePress@RunDepth:82.27 psigStart Date:2013.03.08Start Time:03:02:59TEST COMMENT:IF: Surface blowIS: No return.FF: Surface blowFS: No return.FS: No return.	End Date: End Time:	2013.03.08 10:58:53	Capacity: Last Calib.: Time On Btm: Time Off Btm:	20 2013.03.08 @ 2013.03.08 @	
Pressure vs. Ti	me		PRESSI	JRE SUMMAI	RV
200 6573 Presure 200 400 400 400 400 400 400 400	8373 Temperature - 110 - 105 - 105 - 100 - 65 - 65 - 66 - 67 - 67	Time (Min.) 0 1 30 90 90 136 222 223	Pressure (psig)         Temp (deg F           2321.92         105.3           22.05         104.5           45.48         105.8           1214.90         107.2	Annotation Annotation	static v (1) 1) v (2) 2)
Recovery				as Rates	
Length (ft)         Description           120.00         mud 100%m	Volume (bbl) 0.59		Chok	e (inches) Pressure	(psig) Gas Rate (Mcf/d)
* Recovery from multiple tests Trilobite Testing, Inc	Ref. No: 51338		Dist	d: 2013.03.08 @	11:20:22

( Riloe		DRI	ILL STEM TEST REPOR	Г	F	
HILUE	)// <i>E</i>	Raymo	ond Oil Company	22-20-36w	Wichita, Ks	
EST	TING , INC.		ox 48788 a, Ks 67202	Gerstberg		DST#:2
		ATTN:	Max Lovely	Test Start: 2	2013.03.08 @ 03:	02:54
Mud and Cushion Inf	ormation					
Viscosity:60.00Water Loss:7.99Resistivity:0.00Salinity:7000.00	ohm.m		Cushion Type: Cushion Length: Cushion Volume: Gas Cushion Type: Gas Cushion Pressure:	ft bbl psig	Oil API: Water Salinity:	0 deg API 0 ppm
Recovery Information	n					
	·		Recovery Table	1	7	
	Leng ft	h	Description	Volume bbl		
		120.00	mud 100%m	0.590	כ	
Тс	otal Length:	120	0.00 ft Total Volume: 0.590 bbl			
	ecovery Comr	nents:				

Printed: 2013.03.08 @ 11:26:23

Ref. No: 51338





	DRILL STEM TES	TREP	ORT				
RILOBITE	Raymond Oil Company		22-20	)-36w	Wichita, K	S	
ESTING , INC.	P.O. Box 48788 Wichita, Ks 67202		Gers	tberge	er #1		
			Job Tio	cket: 51	339	DST#:3	
	ATTN: Max Lovely		Test S	start: 20	)13.03.09 @ 2	20:24:48	
GENERAL INFORMATION:							
Formation:AtokaDeviated:NoWhipstock:Time Tool Opened:22:47:18Time Test Ended:04:41:48	ft (KB)		Test T Tester Unit No	: I	Conventional I Brandon Turle 60		e (Reset)
Interval:         4809.00 ft (KB) To         48           Total Depth:         4833.00 ft (KB) (TV			Refere	ence Ele	evations:	3230.00 3220.00	
	Condition: Good			KB t	o GR/CF:	10.00	
Serial #: 8356         Outside           Press@RunDepth:         65.05 psig           Start Date:         2013.03.09	( )	2013.03.10	Capacity: Last Calib.:			8000.00 013.03.10	psig
Start Date.         2013:03:09           Start Time:         20:24:53	End Time:	04:41:47	Time On Btr Time Off Bt	m: 2	2013.03.09 @ 2013.03.10 @	22:44:18	
TEST COMMENT: IF: Surface blow IS: No return. FF: No blow . FS: No return.	died in 10 min.						
Pressure vs. T					RE SUMMA		
8306 Pressure 200 	8380 Temperature 110 110 100 100 100 100 100 00	Time (Min.) 0 3 11 91 92 128 226 228	(psig) ( 2592.91 22.32 34.36 116.51 43.16 65.05 69.48		Open To Flor Shut-In(1) End Shut-In( Open To Flor Shut-In(2)	static w (1) 1) w (2) 2)	
Recovery					s Rates		
Length (ft)         Description           5.00         mud 100%m	Volume (bbl)			Choke (i	nches) Pressure	(psig) Gas	s Rate (Mcf/d)
	0.02						
* Recovery from multiple tests	1 1	1					

	ITE	DRI	LL STEM TEST R	EPORT			FLUID S	UMMARY
RILOB		Raymo	nd Oil Company		22-20-36w	Wichita, Ks	5	
EST	ING , INC.		ox 48788 a, Ks 67202		Gerstberg Job Ticket: 5		DST#:3	
		ATTN:	Max Lovely		Test Start: 2	013.03.09 @ 20	):24:48	
Mud and Cushion Info	ormation							
Mud Type:Gel ChemMud Weight:9.00 llViscosity:56.00 sWater Loss:7.99 irResistivity:0.00 cSalinity:6600.00 pFilter Cake:1.00 ir	sec/qt n <sup>3</sup> ohm.m opm		Cushion Type: Cushion Length: Cushion Volume: Gas Cushion Type: Gas Cushion Pressure:		ft bbl psig	Oil API: Water Salinity:		0 deg A Pl 0 ppm
Recovery Information	1							
	Long	th.	Recovery Table		Volume	1		
	Leng ft		Description		bbl	_		
т.,	Length:	5.00	mud 100%m .00 ft Total Volume:	0.025 bbl	0.025	5		
Re	covery Comr	nents:						

Printed: 2013.03.10 @ 06:27:03

Ref. No: 51339

