

## Kansas Corporation Commission Oil & Gas Conservation Division

131226

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
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 Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	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: sx cmt
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
ENHR Permit #:	County: Permit #:
GSW Permit #:	. 5
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 III Approved by: Date:					

Side Two

1131226

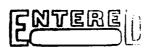
Operator Name:			Lease Name: _			_ Well #:		
Sec Twp	S. R	East West	County:					
time tool open and clo	sed, flowing and shut es if gas to surface tes	d base of formations pen in pressures, whether s st, along with final chart( well site report.	hut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid	
Drill Stem Tests Taken (Attach Additional S		Yes No		og Formation	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geol	ogical Survey	Yes No	Nam	е		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy,	d Electronically	Yes No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-			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	
		ADDITIONAL	. CEMENTING / SQL	JEEZE RECORD				
Purpose:         Depth Top Bottom         Type of Top Bottom           — Protect Casing         — Plug Back TD		Type of Cement	/pe of Cement # Sacks Used		Type and Percent Additives			
Plug Off Zone								
Shots Per Foot		ON RECORD - Bridge Plug ootage of Each Interval Per			cture, Shot, Cemen mount and Kind of Ma	•	Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:				
					Yes No			
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wat	er Bl	ols. (	Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:	N.	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold	Used on Lease	Open Hole	Perf. Dually	Comp. Con	nmingled			
(If vented, Sub		Other (Specify)	(Submit )	ACO-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	The Buckeye Corporation dba Aztec Oil Co. Division
Well Name	McGill 16
Doc ID	1131226

## All Electric Logs Run

XYT	
GRT	
CNT/ENT	
LDT	
PIT	
MLT	





TICKET NUMBER 35387

LOCATION # 180

FOREMAN Jacob Stock

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

FIELD TICKET & TREATMENT REPORT

	or 800-467-867			CEMEN	$T A_{\rho}$	15-015-	23963-0	20-00)
DATE	CUSTOMER #	WELL NAM	1E & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12	1027	mcGill	#1	6	31	245	YE	Butler
CUSTOMER				Suffy			THE REPORT OF THE PARTY OF THE	
Aztec				menty	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS			اسطر	446	Josh		
P.O.	BoX 10	<u> </u>		19	502	Steve		
CITY	•	1 .	CODE		511	Jacob		
ElPar	odo	145 6	7042	54				
JOB TYPE Su	Lace B	HOLE SIZE 121/4		HOLE DEPTH	230	CASING SIZE & W	/EIGHT_85/8	
CASING DEPTH	212	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	нт <u>14.5 16                                    </u>	SLURRY VOL		WATER gal/sk	·	CEMENT LEFT in	CASING 16	
DISPLACEMENT	14.18	DISPLACEMENT PSI	300	MIX PSI 20	0	RATE 3 bph	1	
REMARKS: 5	afti me	ating Break	- Cla	rculation	Dunf	10 661	flahsh 4	ceter
		class A						
with 13		curculation	4 6	ment >	to suct	ace Shu	tin.	
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015		PUMP CHARGE	825.00	825.00
5406	15	MILEAGE	4.00	60.00
5407		Min bulk delivery	350,00	350,00
1104 5	135	cless A	14.95	2018.25
1118 B	250	gel	.21_	52.50
1107	50	poly-Flake Calcium chloride	2.35	112.50
1102	400	calcium chloride	. 74	296.00
				<u> </u>
			Subtotal	3719,25
		0 ( 11 )	SALES TAX	16213
ivin 3737		90471M	ESTIMATED TOTAL	388198





TICKET NUMBER	35391
LOCATION # 180	
FOREMAN JG COL	Stacon

PO Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT								
620-431-9210	or 800-467-8676	5		CEMEN	T AG	i 15015	-23963	-Da-53
DATE	CUSTOMER #	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-12	1027	mc 5:1	L # 16	6	31	245	41-	Butler
CUSTOMER	. 1			Scoty				
A7 1/2				Menting	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE		A 7 A		JE J	603	Jeff		
F',O.	130X	STATE	Tain cone	T	502	Steve		
CITY	,		ZIP CODE	52	692	Tracy		
ElDora		KS	67042	105	511	Jacob		
JOB TYPE LO	ng dring is	HOLE SIZE 7	7/8	HOLE DEPTH	27.20	CASING SIZE & W	/EIGHT <u>51/2</u>	mix
CASING DEPTH		DRILL PIPE	· · · · · · · · · · · · · · · · · · ·	_TUBING		<del>_</del>	OTHER	-
SLURRY WEIGH		SLURRY VOL_		WATER gal/s	k	CEMENT LEFT in	casing 10 f	- Shoc
DISPLACEMENT	166,39	DISPLACEMEN'	T PSI <u>ろろう</u>	MIX PSI_3.7	<u>೧</u>	RATE DO		
REMARKS:	after Me	ting, Ru	en pipe	2. Curc	ulade on	botom y	ac the	
PUMP S	5 <u> </u>	484 50	00 401	della	5651	water 7	wn D	lug bose
displace	ed with	66,34	561	landin	a elea	ce+100 c	s cha	Made
float.	float	held.		(,			_	
ι								
_					•			
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
CODE								
5-10			PUMP CHARG	E			1030.00	1030.00
5406		15	MILEAGE				4.00	60.00
5402			min b	ulk de	livery		350,00	350,00
5402	260	)	tostage	<u> </u>			.22	57,20
5502c			80 V	<u>a (                                    </u>			90.00	360,00

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES of PRODUCT	UNIT PRICE	TOTAL
5-10)		PUMP CHARGE	1030,00	1030.00
5406	5 15	MILEAGE	4.00	60,00
5407		Min bulk delivery	350,00	350,00
5402	260	footage	.22	57,20
5502c	4	80 Vac	90.00	360,00
1126 A	100	thick set	19.20	1920,00
MOA	500	Kol-Seal	046	230,00
11445	500	DV 1100 (Mud Flush)	1.05	525.00
5611		51/2 Rotating head	100,00	100.00
4130	1	51/2 centralizer	48.00	48.00
4159		SI/c AFU Shoc		344.00
4454		51/2 Latchdown Flug	254.00	254.00
		, J		
	<del></del>			
			Subfortil	5278,20
		<del> </del>	-JUDTURU	- K / Z 1 KU
<del> </del>			SALES TAX	241.03
Ravin 3737		254869	COTIMATED	5495.13
	Steven Ke	"	•	נידרט [טררט
AUTHORIZTION	10 UNIN PEL	lu 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 account fords, at our office, and conditions of service on the back of this form are in effect for services identified on this form