



KANSAS CORPORATION COMMISSION 1131415  
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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	SMU 3513
Doc ID	1131415

Tops

Name	Top	Datum
Heebner	4402	
Lansing	4524	
Hush Puckney SH	4764	
Swope	4972	
Marmaton	5143	
Pawnee	5273	
FT Scott	5314	
Cherokee SH	5333	
Atoka	5450	
Morrow	5613	
Mississippian	5670	



**CONSOLIDATED**  
Oil Well Services, LLC

9 JUNE 2012

TICKET NUMBER 33970

LOCATION Oakley

FOREMAN Fuss

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

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

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-9-12	6335	SMU-3513	35	32S	30W	Menard
CUSTOMER Petrosandandok USA			PLAINS			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			463	Tom B		
STATE			528	Bobby S		
ZIP CODE			7127			

JOB TYPE <u>Production</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>5825</u>	CASING SIZE & WEIGHT <u>5 1/2 15.5 #</u>
CASING DEPTH <u>5822 1/2</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.2</u>	SLURRY VOL <u>1.42</u>	WATER gal/sk <u>6.9</u>	CEMENT LEFT in CASING <u>21 4</u>
DISPLACEMENT <u>138.05</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting on Trinidad #215. Float equip. - latchdown in shoe set. Possible tight hole - no centralizers. Run and circulate. Pump 5 BBL water, 500 gal mud flush, 5 BBL water, mix 15 gals RH 10 gals MH. Mix 265 SKS OWC w/ 5 # Kol seal down 5 1/2 casing. Wash pump and lines. Drop plug and displace 138 1/2 BBL water. 1000 # l.f.a. Press. Hand plug at 1500#. Float hold

Thanks Fuss  
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3020 <sup>00</sup>	3020 <sup>00</sup>
5406	30	MILEAGE	5 <sup>00</sup>	150 <sup>00</sup>
5407A	13.63 Ton	Tow Mileage Delivery	1 <sup>00</sup>	682 <sup>00</sup>
1126	290365	OWC	22 <sup>55</sup>	6539 <sup>50</sup>
1110A	1450 #	Kol-seal	.56	812 <sup>00</sup>
1144G	500 gal	Mud Flush	1 <sup>00</sup>	500 <sup>00</sup>
4454	1	5 1/2 - Latchdown Assy	303 <sup>00</sup>	303 <sup>00</sup>
5404	8 hrs	standby time	210 <sup>00</sup>	1200 <sup>00</sup>
		subtotal		13207 <sup>30</sup>
		less 10% discount		13207 <sup>30</sup>
		subtotal		11886 <sup>57</sup>
		SALES TAX		
		ESTIMATED TOTAL		

Revin 9737

AUTHORIZATION [Signature]

TITLE

DATE 6-9-12

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.



**CONSOLIDATED**  
Oil Well Services, LLC

29 MAY 2012

TICKET NUMBER 33963

LOCATION Daley

FOREMAN Fuzz

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

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

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-29-12	6335	SMU #3513	35	32S	30W	Meade
CUSTOMER Petro Sandandek USA			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			458 miles			
CITY STATE ZIP CODE						

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 1530' CASING SIZE & WEIGHT 8 9/8 24#  
 CASING DEPTH 1519' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 147-12.5 SLURRY VOL 1.36-1.9 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 41.02  
 DISPLACEMENT 94.1 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Trinidad #215 run float equip. Cent middle 1st JT 4th collar, 8th collar Basket 2nd from last JT. Ris up + circulate. Mix 550sks Lite (60/40 690gal) 390cc 11/25/100gal. Tail with 150sks Class 'A' 390cc 290gal. Drop plug and displace 94 bbl. 4.5ft press 600# land plug @ 800# Insert leaked a little shot in @ 450# Cement did circulate approx 30 bbl to JT

Thanks Fuzz crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	1695.00	1695.00
5406	30	MILEAGE	5.00	150.00
5407A	30.7 Ton	Ton mileage Delivery	167	1538.10
11045	150sks	CLASS 'A' Cement	17.65	2647.50
1131	550sks	60/40 pos	15.10	8305.00
1102	1842#	Calcium chloride	.79	1639.38
11188	3120#	Bentonite	.25	780.00
1107	138#	Flossal	2.82	389.16
4205	1	8 9/8 - Texas Pat Guide shoe	499.00	499.00
4106	1	8 9/8 - Basket (w)	367.00	367.00
4132	3	8 9/8 - cement liners (w)	82.00	246.00
4411	1	8 9/8 - rubber plug	135.00	135.00
4229	1	8 9/8 - AT inserts	298.00	298.00
		sub total		18689.14
		less 10% disc		18689.14
		As per Bid sub total		16820.23
		SALES TAX		
		ESTIMATED TOTAL		

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 5/29/12

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.