

Kansas Corporation Commission Oil & Gas Conservation Division

1132838

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:	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?				
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 Twp S. R				
☐ ENHR Permit #: ☐ 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

1132838

Operator Name:			Lease Nam	e:		Well #:	
Sec Twp	S. R	East West	County:				
ime tool open and close	ed, flowing and shut if gas to surface tes	l base of formations per in pressures, whether s t, along with final chart well site report.	shut-in pressure	reached static level,	hydrostatic pressu	ures, bottom he	ole temperature, fluid
Orill Stem Tests Taken (Attach Additional Sh	eets)	Yes No	[Log Formatio	n (Top), Depth and	l Datum	Sample
·	·	□ Voo. □ No	1	Name		Тор	Datum
Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy) Yes No Yes No Yes No							
ist All E. Logs Run:							
		Report all strings set-		New Used	1		
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
		ADDITIONA	L OFMENTINO /	2011575 250022			
Purpose:	Depth			SQUEEZE RECORD	T 1 D-	۸	
Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom	Type of Cement	# Sacks Use		Type and Pe	ercent Additives	
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)					l Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		,
Date of First, Resumed Pr	oduction, SWD or ENF	Producing Met	thod:	Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	bls. Gas	Mcf	Water B	bls. G	as-Oil Ratio	Gravity
DISPOSITION Vented Sold (If vented, Subm	Used on Lease	Open Hole		oually Comp. Cor	nmingled mit ACO-4)	PRODUCTIO	N INTERVAL:

CONSOLIDATED

256881

TICKET NUMBER	38794
LOCATION Hawa	KS
FOREMAN Casey E	einedy

ESTIMATED TOTAL

DATE_

Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676	·		CEMEN	IT			* * * * * * * * * * * * * * * * * * * *
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
2/15/13	40.15	ABC#	T-14	:	SW 22	17	22.	MI
CUSTOMER					运为作。 到 在扩展	ATE SELECTION	W-111.10 W	
	Sil luc			-	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR		- 1.			481	Casken	1 Sately	Meeting
55 688 CITY	Plum Cr	ISTATE	ZIP CODE	-	le le le	Garlon		
	J .	KS.			570	Set Tix Mik Haa		-
& Osau	satomie !		6064	J	675 H 400	CASING SIZE & V	VEICUT 27/6	11/2/15
JOB TYPE / O1	ng strong	HOLE SIZE_	9		H	CASING SIZE & V	OTHER_	····
CASING DEPTH	in the second se	DRILL PIPE		_TUBING	-F-	CEMENT LEET IN		
SLURRY WEIG	HT	SLURRY VOL_		WATER gails	sk	DATE AL	CASING	
DISPLACEMEN	T_2.18 665	DISPLACEMEN	! PSI	MIX PSI	15	1.4	I vac # D	Ca \ \
REMARKS: he	eld sately v	reeting, e	stablished	1 circula	tion, mixe	of Jungood	100 FF F1	emolin
Gel tollog	ext by 11) bloc tres	in water	, mixed	dt pumpe	2 80 SEZ	puc ce	J.
cement	to surtac	e Husheo	pompe	ean, p	suped	DE	106ber	109 10
pasing 1	D w/ 2.1	8 obs tre	esh water	pressor	red to 80) to 1, w	en nela f	910229 X
for 30 n	in MIT,	relegred	pressure	; wash	ed up equ	parent.		
						$\overline{}$	$\overline{}$	
								
			<u> </u>				7 (/	•
		<u> </u>				/	<u> </u>	
	1		Г				·	
ACCOUNT CODE	QUANITY	or UNITS	. D	ESCRIPTION of	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401	1	3	PUMP CHAR	GE				103000
5406	on load	ie.	MILEAGE		v v			
5402	374		casina	tootage)			
5407	1/2 mi	nimum -		aleage	1%			116.67
5502C	11.0		80 U					90.00
03020	- CM				199			
		•	-		2 .			
1126	50	gles	Ow Ow	c cen	ent	2/	40	940.00
V2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		#	Press	Sum Go	.0			21,00
111833	100	tr	7/ x	rum Ge rubberplu			, , , , , , , , , , , , , , , , , , , ,	28.90
4402			2/2	rubber pou	19.			00.
	× ×	-		-	-	0.00		.,,
							 	•
								tot
							MARINO C	
							P. San B.	
,						la de la		
			-				+	-
						7.55%	SALES TAX	74.67

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

TITLE_

DRILL LOG

Operator License# 32834				API 15-121		29228-00)-00
Operator				Lease Name	ABC		
Address				Well# I-1	4		
Contractor 2/15/13	JTC Oil, Inc.			Spud Date	2/11/13	Cement	
Contractor Li	cense3283 	4		Location			
T.D. 400	T.D. of Pip	e 377			feet	from	
Surf. Pipe Siz	e_ 6.5 _Dept	:h 20f	t.		feet fro	om	
Kind of Well_	injector			County M	iami		
Thickness	Strata		From	То	ı	Thick	ness
Strata	From	To					
<u>3</u>	soil	0	3	5	coal		164
<u> 169</u>							
5	clay	3	8	12	lime	169	181
13	lime	8	21	146	shale	181	327
24	shale	21	45	3	oil sand		
327-333brok	<u>en</u>						
6	lime	45	51	3	oil sand	330-3	<u>33 ok</u>
31	shale	51	82	2	oil sand	336-3	36good
<u>17</u>	lime	82	99	2	oil sand	336-3	38good
<u>10</u>	shale	99	109	3	oil	338-3	41vgood

<u>27</u>	lime	109	136	3	oil sand	341-344vgood
7	black shale	136	143	3	oil sand	344-347vgood
21	lime	143	164	1	oil sand	347-348vgood
				2	shale	348-350
				9	lime	350-359
				41	shale	359-400

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