

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1132839

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

	Side Two	1132839
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets) Samples Sent to Geological Survey Cores Taken Electric Log Run Electric Log Submitted Electronically (If no, Submit Copy)		Yes No	L		n (Top), Depth an	d Datum Top	Sample Datum	
		Yes No	INdill	C		юр	Datum	
		<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	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 / SQUEEZE RECORD

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				e			ement Squeeze Record of Material Used)	Depth	
TUBING RECORD: Size: Set At:			Packer At: Liner Run:			No				
Date of First, Resumed Production, SWD or ENHF		<b>λ</b> .	Producing M	lethod:	oing	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS:				METHOD OF COMPLETION:				PRODUCTION IN	TERVAL:	
Vented Sold		sed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Submit	ACO-	18.)		Other (Specify)						

# DRILL LOG

<b>Operator License#</b>	32834	ΑΡΙ	1	5-121-29229-00-00
Operator		Lease Name	2	ABC
Address		Well #	I-17	
Contractor JTC Oil, Inc. 2/15/13		Spud Date 2	2/13/13	Cement
Contractor License32834 of		Location		
T.D. 420 T.D. of Pipe	406			feet from
Surf. Pipe Size_6.5 _Dept	h 20ft.			feet from
Kind of Well inj.		County	Miami	

Thickness	Strata		From		То	Thick	ness
<u>Strata</u>	From	То					
3	soil	0	3	26	lime	125	<u>151</u>
5	clay	3	8	9	black s	hale	_
151	160						
5	shale	8	13	20	lime	160	<u>180</u>
21	lime	13	34	4	coal	180	184
<u>30</u>	shale	34	61	12	lime	184	<u>196</u>
6	lime	61	67	146	shale	196	<u>342</u>
28	shale	67	95	3	oil sand	342-34	5 good
<u>1</u>	lime	95	96	3	oil sand	345-34	8vgood

2	shale	96	98	3		oil sand	348-351vgood
<u>17</u>	lime	98	115		3	oil s	and
	<u>351-354 ok</u>						
<u>10</u>	shale	115	125		4	oil s	and
	<u>354-358 good</u>						
				3		oil sand	358-361vgood
				3		oil sand	361-364vgood
				2		shale	364-366
				10		lime	<u>366-376</u>
				44		shale	376-420

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	ONSOLIDATED	12100		TICKET NUM	BER 3	8795	
	Oli Well Services, LLC	25688	sd.	LOCATION (	3Hana,KS		-
	20. 1920 Zán 11222 - 292			FOREMAN	asen Leur	redu	-
PO Box 884, C	hanute, KS 66720	FIELD TICKET & TREA	TMENT REP	ORT			ł.
	or 800-467-8676	CEMEN	T			. 1	
DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	٦
2/15/13	4015 AB	C # I-17	SW 22	17	22	MI	1
CUSTOMER	0:11.						
MAILING ADDR	ESS	· · · ·	TRUCK#	DRIVER	TRUCK#	DRIVER	_
35688	Plum Creek	÷		Cashen	V Satety	Meeting_	_
CITY	STATE	ZIP CODE	lelele	GarMoo	<u> </u>		-
Osawat	tomie KC	5 block4	1010	Set luc	P		-
	instring HOLESI		H 420'	CASING SIZE & V	V	ILEDE	
CASING DEPTH	1111			CASING SIZE & V	OTHER		-
SLURRY WEIGH		· · · · · · · · · · · · · · · · · · ·		CEMENT LEFT in			
	0 0 1 1 1 1	EMENT PSI MIX PSI	JK		bom	·····	
REMARKS: 6	old satet most		vlation mi		ped 100 #	4 Days	
- 0 11	word by 10 bbls	A	dt jumps		NO)C C	really	1
cement	to surface the	shed pump clean	ounsed.	21/2 "rubber	dire to a	202 a Th	_
w/ 2,34	1.11 11 11	stor, pressured to Se	SO FILL	well hold a	resure	Store IL	2
MIT. 14	elessed pressure	washed up envip	ment.			1 20 min	τ
		1 0-1		. 1	$\overline{O}$	-	-3
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	· · ·				1		-
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION o	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL	]
5401	1	PUMP CHARGE		*		1030.00	1
5406	on lease	MILEAGE					1
5402	4051	casing tootage					1
5402 5407	1/2 minimum	ton mileage				116.67	]
55026	1 hr	80 Vac				116.67	1
			• • • • • • • • • • • • • • • • • • • •			_	1
							1
1126	58 sks	Owc cement	t	9		1090.40	1
IU8B	100 #	Premium Get 21/2 "rebber pl	2		•	21.00	1
4402	1 /	21/2" rubber plu	21			28.00	1
			y				1
							]
						Y	1

Bavin 3737

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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 form

TITLE

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6636

SALES TAX

ESTIMATED

TOTAL

DATE

Sle 03.

2462.10

REM

balla

7.55%