

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1136826

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

		DECODURTION		
WELL	HISTORY	 DESCRIPTIOI 	N OF WELL	& LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
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 #	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.): If Workover/Re-entry: Old Well Info as follows: Operator:	Amount of Surface Pipe Set and Cemented at: Feed Multiple Stage Cementing Collar Used? Yes If yes, show depth set: Feet If Alternate II completion, cement circulated from: Feet feet depth to: w/ Sx cmt Sx cmt Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth Comminged Parmit #:	Location of fluid disposal if hauled offsite:
Commingled Permit #: Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
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
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

	Side Two	1136826
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)		Yes No)	☐ Log Name	Formatior	nation (Top), Depth and Datum		Datum	
Samples Sent to Geolog	gical Survey	Yes No)	Name			Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		Yes No Yes No Yes No	>						
List All E. Logs Run:									
		CAS	ING RECORD	New	Used				
		Report all strings	set-conductor, surfa	ace, interm	nediate, productio	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / F		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				

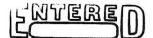
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR.		۲.	Producing N	_	ping	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									Ι	
DISPOSITION OF GAS:			METHOD OF COMPLE		TION:		PRODUCTION INTE	RVAL:		
Vented Sold Used on Lease			Open Hole	Perf.	Dually (Submit)		Commingled (Submit ACO-4)			
(If vented, Subi	mit ACC)-18.)		Other (Specify)					

Form	ACO1 - Well Completion
Operator	Lachenmayr Oil LLC
Well Name	Elmdale Cemetary Association I-1
Doc ID	1136826

Tops

Name	Тор	Datum
Heebner	1214	+149
Lansing	1462	-99
Stark Sh	1754	-391
Hushpuckney SH	1780	-417
ВКС	1802	-439
Cherokee Sh	1970	-607
Viola	2036	-673
Simpson Dol	2072	-709
Simpson SS	2090	-727

CONSOLIDATED
A ALLA A CLARICE A
Oil Well Services, LLC



35344 TICKET NUMBER 35

Box 884, Chanute, KS 6672	20 FIELD TICKET	& TREAT	IMENT REP	ORT		
20-431-9210 or 800-467-8676		CEMEN	T A	pi 15-017-	20911-00	-00
DATE CUSTOMER #	WELL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
11-11-12 4897	ElDale centory a	ciction #)	34	19	6E	chase
USTOMER			资料的 时间33-4	目的時代中國國際國際		and later with here
Lachen Mayer	oil		TRUCK #	DRIVER	TRUCK #	DRIVER
AILING ADDRESS		~	446	Josh		
P.O. Box 5	526		\$681	mark		
ITY	STATE ZIP CODE		511	Jacob		
Newton	KS 67114					
OB TYPE Plug B	HOLE SIZE	HOLE DEPTH	2100+	CASING SIZE & W	EIGHT N/A	
ASING DEPTH	DRILL PIPE 31/2	TUBING			OTHER	
		WATER gai/s	k	CEMENT LEFT in	CASING	
ISPLACEMENT 1.56	DISPLACEMENT PSI	MIX PSI		RATE		
REMARKS: Safty Mice	time. Run pipe	+ o	275+ 1	Mix 35 5	KS 601	140 4/ 1
displace with	1/2 bbl rater	pull	no to	60 ft	mix 2	B stra
	ac pull pipe	Job	<u>co mpl</u>	et, hole	Stadin	g full.
						<u> </u>
		0.5 - 202				

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ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405 N	1	PUMP CHARGE	1030.00	1030.00
5406	65	MILEAGE	4.00	260.00
5407	1	min bulk delivery	350,00	350.00
1131	63	60/40 poz	12.55	190.65
1118 B	2.52		,21	52.92
1102	71	gel calcium chleride	.74	52.54
			Jabtotal	2536.11
			-Safetyna	
			SALES TAX	6322
Ravin 3737		254511		0601.63
	DANGO	TITLE	DATE	
ne line in a lin				12.5

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





TICKET NUMBER 35337

LOCATION # 190 FOREMAN Jacob Storm

620-431-9210 or 800-467-8676CEMENTAp: 18-017-209(1)-00-00DATECUSTOMER#WELL NAME & NUMBERSECTIONTOWNSHIPRANGECOUNTY11-6-124897Elmodule cemedary opperation I-13419GEChaseCUSTOMERLachennayer0:1SachtyTRUCK#DRIVERTRUCK#DRIVERMAILING ADDRESSP.O. Box 526526Mark681MarkImark	PO Box 884, Chanute,	KS 667	20 FIELD TICKE	ET & TREA	TMENT REP	PORT		
II - G-12 4897 EIndule cemetary association II 34 19 GE Chase CUSTOMER Lachenmayer 0:1 Seafly TRUCK# DRIVER TRUCK# DRIVER Mailling ADDRESS 0:1 Mailing ADDRESS State ZIP CODE Seafly TRUCK# DRIVER TRUCK# DRIVER Mailing ADDRESS State ZIP CODE Jog 603 Joff Jog CITY State ZIP CODE Jog State G7114 Jog State Jog JOB TYPE State CASING DEPTH 22.6 CASING SIZE & WEIGHT State State State State JOB TYPE HOLE SIZE 12/4 HOLE DEPTH 22.6 CASING SIZE & WEIGHT State JOB TYPE HOLE SIZE 12/4 HOLE DEPTH 22.6 CASING SIZE & WEIGHT State JOB TYPE HOLE SIZE 12/4 HOLE DEPTH 22.6 CASING SIZE & WEIGHT State SLURRY WEIGHT J4,516 SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING Koo DISPLACEMENT<	620-431-9210 or 800-4	6	CEMENT		Ap: 15-017-20911-00-00			
Image: Customer Lachennayc 0:1 Truck # Driver Truck # Driver Mailling Address 0:1 Mailing Address Truck # Driver Truck # Driver P,O. Box 52G 0:1 Mailing Address 0:1 Mailing Address CITY State ZIP CODE 0:1 0:3 Jeff 0:1 Newton KS G7114 10 0:1 0:1 0:1 0:1 JOB TYPE State C7114 10 10 0:1 0:1 0:1 JOB TYPE Mole size 12/4 Hole depth 22.6 casing size & weight 8% Casing depth 14.5 0 0 0 0 0 0 Slurry weight 14.5 0 slurry vol Water gal/sk Cement Left in Casing Ko.00 Displacement 14.06 Displacement Psi 400 Mix Psi 200 Rate 36pm Remarks: Safty Meating Break Carculation pump 10 BB1 flush mix 1355ks	DATE CUSTO	OMER #	WELL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
Lachenmayer0.1SaintyTRUCK#DRIVERTRUCK#DRIVERMAILING ADDRESSP.O. BOX S2GCITYSTATECITYSTATEJOB TYPESurface BHOLE SIZE124HOLE DEPTH225.90DRILL PIPESLURRY WEIGHT14.51bSLURRY WEIGHT14.66DISPLACEMENT14.66DISPLACEMENT14.66BrowkConclustionREMARKS:SaftyMail INGStateStateConclustionState <th>11-6-12 489</th> <th>17</th> <th>Elmodale cemetary a</th> <th>printion I-1</th> <th>34</th> <th>19</th> <th>GE</th> <th>Chase</th>	11-6-12 489	17	Elmodale cemetary a	printion I-1	34	19	GE	Chase
MAILING ADDRESS 011 MAILING ADDRESS 011 P,O. Box 526 100 CITY STATE Newton KS Gold Gold Job Type Gold Job Type Gold Job Type KS Gold Gold Job Type Gold J	CUSTOMER	-	. 1	Saft!	TRUCK #	DRIVER	TRUCK #	DRIVER
P.O. Box SZG Mg G81 Mark CITY STATE ZIP CODE JS SII Jacob Newton KS G7114 JS SII Jacob SII JOB TYPE Surface B HOLE SIZE 121/4 HOLE DEPTH 226 CASING SIZE & WEIGHT 848 CASING DEPTH 225.90 DRILL PIPE TUBING OTHER SLURRY WEIGHT 14.51b SLURRY VOL WATER gal/sk CEMENT LEFT in CASING Ko.00 DISPLACEMENT IJACEMENT PSI 400 MIX PSI 200 RATE Bpm REMARKS: Safty Meeting Browk Curculation pump 10 BBI Flush Mix I355Ks	MAILING ADDRESS	-	011	meating				
CITY STATE ZIP CODE JS JI Jacob Newton KS G7114 JS JI Jacob JOB TYPE Surface B HOLE SIZE 121/4 HOLE DEPTH 226 CASING SIZE & WEIGHT 84% CASING DEPTH 225.90 DRILL PIPE TUBING OTHER SLURRY WEIGHT 14.516 SLURRY VOL WATER gal/sk CEMENT LEFT in CASING Ko.00 DISPLACEMENT IJBPLACEMENT PSI 400 MIX PSI 200 RATE 861 REMARKS: Safty menting Browk Curculation pump 10 BEI flush Mix 1355Ks	P.O. Box	5	26	24 CL		mark		
Newton KS G/114 JOB TYPE SURFY HOLE SIZE 121/4 HOLE DEPTH 226 CASING SIZE & WEIGHT 848 CASING DEPTH 225,90 DRILL PIPE TUBING OTHER SLURRY WEIGHT 14,516 SLURRY VOL WATER gal/sk CEMENT LEFT in CASING Ko.00 DISPLACEMENT 14,06 DISPLACEMENT PSI 400 MIX PSI 200 RATE Born REMARKS: Safty menting Browk Curculation, pump 10 BB1 Flush, mix 1355Ks	CITY		STATE ZIP CODE		511	Jacob		
CASING DEPTH 225, 90 DRILL PIPE	Newton		KS 67114					
CASING DEPTH_225.90 DRILL PIPE	JOB TYPE Surface	B	HOLE SIZE 121/4		226 CASING SIZE & WEIGHT 848			
DISPLACEMENT 14.06 DISPLACEMENT PSI 400 MIX PSI 200 RATE 36pm REMARKS: Safty menting, Break curculation, pump 10 BBI flush, Mix 1355KS			DRILL PIPE				OTHER	
DISPLACEMENT 14.06 DISPLACEMENT PSI 400 MIX PSI 200 RATE 36pm REMARKS: Safty menting, Break curculation, pump 10 BBI flush, Mix 1355KS	SLURRY WEIGHT 14,516 SLURRY VOL			WATER gal/sk		CEMENT LEFT in CASING K. 00		
REMARKS: Safty menting, Brock curculation, pump 10 BBI flush, Mix 1355KS		DISPLACEMENT PSI 400	MIX PSI 20	MIX PSI 200 RATE 36pm				
class A 2×gcl 3xec 1/2 16poly, displace with 1.3 bbl Water curculating			ting, Break c	weulation	Pump	10 BBI flu	sh, mix	1355KS
	class A 2x0	icl :	3) ec 1/2 16poly,	displace	with	13 bbl W	later ci	riculating
Cement to Surface Shat in,	Cement to 3	Surfa	ce Shut in.					
					4.71			

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	65	MILEAGE	4.00	260.00
5407A	65 X	6.3 ton mileage X	1.34	548.73
11045	135	class A	14.95	2018.25
1118 B	250	gel	,21	52,50
1107	50	poly-Flake	2.35	117.50
1107				
			-	
<u>×</u>				
			Subtotal	3821,98
			300/0/a	
			SALES TAX	TRAPUL
Ravin 3737		AGMAS	ESTIMATED	00.11
	0	ary4410	TOTAL	BUILTE
AUTHORIZTION	Donco	TITLE	DATE	

AUTHORIZITION ______ DATE______ DATE______ 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