

## Kansas Corporation Commission Oil & Gas Conservation Division

1136879

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	Amount of Surface Pipe Set and Cemented at: Feet
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Multiple Stage Cementing Collar Used? Yes No
☐ OG ☐ 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	Dewatering method used:
Conv. to GSW	
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 #:	County: Permit #:
GSW Permit #:	County remit #
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

1136879

Operator Name:				Lease N	lame:			Well #:		
Sec Twp	S. R	East	] West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rat line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures st, along with	s, whether s final chart(s	hut-in press	ure reach	ed static level,	hydrostatic pres	ssures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		Log	g Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор		Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop)	d Electronically	☐ Yes ☐ Yes ☐ Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	New	Used	on, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In	asing	Weig Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent additives
		<u> </u> 	DDITIONAL	CEMENTIN	IG / SQUE	EZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of 0	Cement	# Sacks	Used		Type and	Percent Additives		
Shots Per Foot	PERFORATI Specify	ON RECORD - Footage of Each	Bridge Plug n Interval Peri	s Set/Type forated			cture, Shot, Ceme mount and Kind of N	nt Squeeze Record Material Used)	d 	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
							Yes N	0		
Date of First, Resumed	Production, SWD or EN	IHR. Pr	oducing Meth	nod:	g 🗌 G	as Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	BI	ols.	Gas-Oil Ratio		Gravity
DISPOSITI	ON OF GAS:		N	METHOD OF	COMPLET	TION:		PRODUCTIO	ON INTER	VAL:
Vented Solo	Used on Lease		n Hole	Perf.	Dually (		nmingled mit ACO-4)			
(11 verneu, 3u	10./	Othe	r (Specify)				I —			

Hurricane Services, Inc. 3613 A Y Road Madison, KS 66860 Office # 620-437-2661 Brad Cell # 620-437-6765

Ticket Number_	100200
Location	Madison
Foreman	Brad Butler

## **Cement Service ticket**

Date	Customer#	Well Name & Number	Sec./Township/Range	County
1-7-13		Guativey # 7	26-23-16E	Woodson
Customer		Mailing Address	City State	Zip
Ron-	Bob Oil			

Job Type:	ONGSTring		Truck#	Driver
	T1021119		201	Kelly
Hole Size: 51%"	Casing Size:	Displacement: 6 Bbb.	202	Jerry
Hole Depth:	Casing Weight:	Displacement PSI: 650	105	Austin
Bridge Plug:	Tubing: 27/8"	Cement Left in Casing: 0 -	106	Clayton
Packer:	PBTD: 1063-			
Quantity Or Units	Description o	 f Servcies or Product	Pump charge	790.00
30	Mileage		\$3.25/Mile	97.50
<u> </u>				x 19 181 2 3
126 SACRS	Quick Set comen	r	17.90	2255.40
200 Ibs.	GeL > Flush A	thead	_30	60,00
31/2 Hrs.	WOTEr Truck		84.00	294.00
3ね His	water Truck		84.00	294.00
5000 GAL.	water		13.00 0/1000	65,00
	Wiseline Seru,		50,00	N/C
7,03 Tons	Bulk Truck > Minimum	chaig-e	\$1.15/Mile	2,50,00
2	Plugs 27/8" Top Rubb	- Plus	25.00	50,00
	1 100 CX 10 100 KUND	~ 114 <u>)</u>	Subtotal	4155.90
			Sales Tax	177.42
			Estimated Tota	

Remarks: Rig upTo 2 1/8" Tubing, Break circulation with Gresh water, 10 Bbl. Gel Flush, Circulated Gel
ng spid a is many, Bittly Chamber
Ground To condition Hole, Mixed 126.5Ks. Quick Set cement, Shut down - WAShout Pump & Lines
CHOMA TO COMMITTEE THE TABLE TO
Release 2-Plugs, Displaced Plugs with 6Bbls water. Final Pumping at 650 PSI Bumped Plugs To 1100 PSI, Closed Tubing in w/ 1100 PSI, Good cement returns w/ 6Bbl, Shury
Notabe & 17mgs, volume 175
But I DI AT 1100 PST Closed Ticking in w/ 1/00 PST Good coment returns w/ 6 Bb), Slavy
Dumped Muss 10 Med 102 , Charles Manager 1
left war
"Thank You"

Witnessed by Bob Customer Signature