

Kansas Corporation Commission Oil & Gas Conservation Division

1137134

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 ☐ 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?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date 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

Side Two

1137134

Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	nd base of formations pe it-in pressures, whether est, along with final char well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	logical Survey	Yes No	Nar	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy		Yes No Yes No Yes No					
List All E. Logs Run:							
				lew Used			
D (0)	Size Hole	Report all strings set	t-conductor, surface, in Weight	termediate, product	on, etc. Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
Purpose:	Donth		AL CEMENTING / SQ	UEEZE RECORD			
Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Shots Per Foot	PERFORATI	ON RECORD - Bridge Plu	ıgs Set/Type		cture, Shot, Cement		
	Specify	Footage of Each Interval Pe	erforated	(A)	mount and Kind of Ma	aterial Used)	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	iter B	bls. (Gas-Oil Ratio	Gravity
	I						
DISPOSITION	ON OF GAS:		METHOD OF COMPL			PRODUCTIO	ON INTERVAL:
Vented Sold		Open Hole			nmingled mit ACO-4)		
(If vented, Sui	bmit ACO-18.)	Other (Specify)					

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Georgia Pancake 1-17
Doc ID	1137134

All Electric Logs Run

Compact Photo Denisty
Microresistivity Log
Array Induction
Dual Induction
Compensated Density

Form	ACO1 - Well Completion
Operator	Red Oak Energy, Inc.
Well Name	Georgia Pancake 1-17
Doc ID	1137134

Tops

Name	Тор	Datum
Anhy	2652	800
Lansing	4005	-553
ВКС	4354	-902
Pawn	4480	-1028
Ft. Scott	4526	-1074
Mor SH	4740	-1288
UPMor SD	4760	-1308
LwMorSD	4840	-1388
Miss	4854	-1402

CONSOLIDATED OF WAS Services, LLC S

37237 7227 LOCATION ONELLAY TICKET NUMBER FOREMAN

FIELD TICKET & TREATMENT REPORT

CEMENT

wallace COUNTY DRIVER TRUCK# RANGE 39 TOWNSHIP Jordan Corr DRIVER SECTION TRUCK# こ 163 893 Springs Pareate 1-17 34 WELL NAME & NUMBER ZIP CODE Georgia H STATE PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676 CUSTOMER# 1201 Red OAK (0-76-1) CUSTOMER DATE CITY

A Puch 18114 BAL 12 20 8218 CEMENT LEFT IN CASING 20 01 4 Kg OTHER CASING SIZE & WEIGHT 1 pro 9 DINC P RATE 0 HOLE DEPTH 307 Z Z 78 8 *30. R. WATER gal/sk6. S 8 TUBING MIX PSI 390663 40100 ON MUAR 1214 SLURRY VOLL-36 DISPLACEMENT PSI CIACULATE Consort Arch Class A HOLE SIZE DRILL PIPE CASING DEPTH 307 JOB TYPE SUNSACE DISPLACEMENT 18.2 REMARKS: SACALY SLURRY WEIGHT 14.7

4 C+ 0 4 FUZZE Thanks

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	
5 10h5	7	PUMP CHARGE	1085 00	
9045	60	MILEAGE	500	25090
5407A	10,840m	Tow Mileson Dalivery	(67	90200
Shall	230 5Kg	Class A coment	() 62	4054 50
1102	649*	Calcium Chloride	.89	75625
1118 B	4334	Bendenide	. 25	0801
		5054062	5. Pro-2	41889
i i		1655 1090		हि ८४%
4				
×				6283 90
				ě
				52.5
. ~				
				1000
15.				~ 4
			Section 1985	
			SALES TAX	308.05
Ravin 3737 AUTHORIZTION		13 your parties	ESTIMATED TOTAL DATE	(a552.95

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

	6		6	
	-		Ī	ĺ
	6		1	1
	6			
	6		6	
1	-	Į.		4
ŧ	ľ			K

39106 TICKET NUMBER LOCATION

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

FOREMAN FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER#	WE	WELL NAME & NUMBER	3ER	SECTION	TOWNSHIP	RANGE	COUNTY
1-2-17	2 725/	Georgia	1	1-17	30	135	300	13011
SOO SOO	Lad Oak	`	Sharou	Sharon	TRUCK#	DRIVER	TRUCK#	asylau
MAILING AD	ORESS			46-	999	Daman	mills.	
CITY		STATE	ZIP CODE	N N N N	17070	A Groden	~	
JOB TYPE	MA	HOLE SIZE	8/66	J HOLE DEPTH	0864	CASING SIZE & WEIGHT	/EIGHT	
CASING DEPTH	PTH #		4% X/4	TUBING			OTHER	
SLURRY WEIGHT (S	J	SLURRY VOL		WATER gal/sk		CEMENT LEFT IN CASING	CASING	
REMARKS:	SaFety	Meetins,	rigup	ON MUSE Fir #90	1	3 4	Gralocad	
25	CSS	2665'					m.	
100	C 57/5	1692'		1 1			a v	
40	0. 25 € 0. 0. 0.	3570'		225 54	sks 6/40por	120 8h		
P.	5 Ks in	131-						
20	SKS 110	-		V-1			>	
						10014	+ Crec)	
CODE	QUANITY or UNITS	or UNITS	DES	SCRIPTION of	DESCRIPTION of SERVICES or PRODUCT	DUCT	UNIT PRICE	TOTAL
5401	/		PUMP CHARGE	ĵ.			1,32500	139000
2408	50		MILEAGE				5.00	250 ∞
13	225	5/2	200 00/				15.10	3,397,50
	91.1.	# #	100			×	.25	
100	2,0		Flores	,	ı		75	
240/4	7,68	80	• •	9	De ILLIA		16.7	808 50
44.32			2 3/2	1300dlen	Ples		8) %	96 %
						5	36.75	
				*				
						i		
The first								
								6,228 22
				1	ex 10% I	Dsc	8	622 89
							SALESTAX	2,608 22
Ravin 3737 AUTHORIZTION		Carpraga		7	Con Dicher	,	MATED TAL	5834, De
I acknowledge that the	ge that the paymer	nt terms, unic	ess specifically	y amended is	payment terms, unless specifically amended in writing on the front of the form or in the customer's	front of the for	orm or in the cu	stomer's
account records at o	-	itibuon puo	and of comico	an also hearly	- C al. ! - E.			

a and conditions of service on the back of this form are in effect for services identified on this form.

DV 6

ひいし コガレ