

Kansas Corporation Commission Oil & Gas Conservation Division

137857

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 🗌 East 🗌 West
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 ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt.
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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #:	Chloride content:ppm Fluid volume:bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name:License #: Quarter Sec TwpS. R East West 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

1137857

Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clorecovery, and flow rat	osed, flowing and shu	d base of formations pe t-in pressures, whether st, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				og Formation	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geological Survey			Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop)	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No	ew Used ermediate, production	on, 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Type of Cement Top Bottom		# Sacks Used		Type and I	Percent Additives	
Shots Per Foot		ON RECORD - Bridge Plu Footage of Each Interval Pe			cture, Shot, Cemen count and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Me		Gas Lift O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	ter Bb	ols.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo	d Used on Lease	Open Hole	Perf. Duall		nmingled nit ACO-4)		
(If vented, Su	bmit ACO-18.)	Othor (Specify)	(Submit	AUU-U) (SUDI	IIII ACO-4)		



PO Box 93999 Southlake, TX 76092

Voice: Fax: (817) 546-7282 (817) 246-3361

Bill To:

Bach Oil Production R. R. #I Box 28 Phillipsburg, KS 67661

INVOICE

Invoice Number: 133141

Invoice Date: Oct 17, 2012

Page: 1



Customer ID	Well Name/# or Customer P.O.	Payment Terms Net 30 Days		
Bach	Kanzelmeyer C			
Job Location	Camp Location	Service Date	Due Date	
KS2-06	Russell	Oct 17, 2012	11/16/12	

Quantity	Item	Description	Unit Price	Amount
120.00		Class A Common	17.90	2,148.0
80.00	MAT	Pozmix	9.35	748.0
7.00	MAT	Gel	23.40	163.8
120.00	MAT	CD-31	10.30	1,236.0
30.00	MAT	Defoamer	9.80	294.0
215.32	SER	Cubic Feet	2.48	533.
667.85	SER	Ton Mileage	2.60	1,736.
1.00	SER	Liner	2,558.75	2,558.
74.00	SER	Pump Truck Mileage	7.70	569.
74.00	SER	Light Vehicle Mileage	4.40	325.
1.00	EQP	3.5 Rubber Plug	83.07	83.
1.00	CEMENTER	Bobby Smith		
1.00	EQUIP OPER	Tony Pfannenstiel		
1.00	OPER ASSIST	Kevin Rupp		
1.00	OPER ASSIST	Walter Keith		
		Subtotal		10 397

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$3436.35

ONLY IF PAID ON OR BEFORE
Nov 11, 2012

Subtotal	10,397.42
Sales Tax	317.76
Total Invoice Amount	10,715.18
Payment/Credit Applied	
TOTAL	10,715.18

ALLIED CEMENTING CO., LLC. 034667 Federal Tax I.D.# 20-5975804

REMITTO P.O. BOX 31 RUSSELL, KANSAS 67665

SERVICE POINT:
RUSSELL

	SEC.	TWP.	RANGE		CALLED	OUT	ON LOCATION	JOB START	JOB LINISH
DATE 10-17	7	TWP.	18					COUNTY	STATE
Kanzelmeyer	WELL#	tori .	LOCATION	Philips	bund	10-3	3-5/0 in	,	187 18
OLD OR NEW (Cir								2.06	6.0
					OW	NER		X	
CONTRACTOR		_							
TYPE OF JOB HOLE SIZE	Liner Un (56 TF),		CE	MENT	7.	Ste GO	46 48
CASING SIZE	3/2	DE	PTH		AM	OUNT OR	DERED 100	7	10 768
TUBING SIZE	-		PTH		_	1.0	10760	CAKK	1700
DRILL PIPE			PTH		_	deform	en .14 FP		- 06
TOOL			PTH			MMON_	120	20 /7.9	214800
PRES. MAX			IOE JOINT		-	ZMIX _		(10) 7 . 3 3	110
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BULK TRUCK	DRIVER					ANDLING	215.32 A	3 @ 2,48	533.99
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To Allied Cem	enting Co	, LLC.	1					@	1 - 1
Vou are hereby	requeste	d to rent	cementing o	equipmer	ıt -	×		@	-
and furnish ce	menter an	d helper	s) to assist (owner or	•		E.		G2 02
contractor to d	lo work as	s is listed	. The above	work W	as I			TO	TAL 83.67
done to satisfa	etion and	supervis	ion of owne	GENER	AI.	*		17 75	1
contractor. I l	ave read	and unde	isted on the	reverse s	ide.	SALES TA	X (If Any)	07.10	1
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PRINTED NAM	мЕ				-	DISCOUN	1.96	1.07	PAID IN 30 DAYS
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