



KANSAS CORPORATION COMMISSION 1138013  
OIL & GAS CONSERVATION DIVISION

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- 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: \_\_\_\_\_

Well Name: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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: \_\_\_\_\_



1138013

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing    Pumping    Gas Lift    Other (Explain) \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**COPY**

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 254681

Invoice Date: 11/19/2012 Terms: 10/10/30,n/30

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DOUBLE EAGLE EXPLORATION INC  
221 S. BROADWAY, #310  
WICHITA KS 67202  
(316)264-0422

KRUETZER B #1  
39121  
4-13-19  
11-16-2012  
KS

Part Number	Description	Qty	Unit Price	Total
1126	OIL WELL CEMENT	210.00	22.5500	4735.50
1110A	KOL SEAL (50# BAG)	1050.00 #	.5600	588.00
1111	SODIUM CHLORIDE (GRANULA)	100.00	.0000	.00
4161	FLOAT SHOE 4 1/2" AFU	1.00	342.0000	342.00
4129	CENTRALIZER 4 1/2"	8.00	46.0000	368.00
4103	CEMENT BASKET 4 1/2"	1.00	261.0000	261.00
4284	4 1/2" PORT COLLAR	1.00	1890.0000	1890.00
4453	4 1/2" LATCH DOWN PLUG	1.00	465.0000	465.00
4314	RECIPROCATING SCRATCHERS	28.00	78.0000	2184.00
1142A	KCL SUB MB6875 CC3107 (1	2.00	39.1000	78.20
1144G	MUD FLUSH (SALE)	500.00	1.0000	500.00

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-1141.17
9995-130	CEMENT EQUIPMENT DISCOUNT	-334.47

Description	Hours	Unit Price	Total
399 CEMENT PSI CHARGES	1.00	2700.00	2700.00
399 EQUIPMENT MILEAGE (ONE WAY)	30.00	5.00	150.00
566 TON MILEAGE DELIVERY	1.00	494.70	494.70

Amount Due 15475.34 if paid after 12/19/2012

Parts:	11411.70	Freight:	.00	Tax:	647.05	AR	13927.81
Labor:	.00	Misc:	.00	Total:	13927.81		
Sublt:	-1475.64	Supplies:	.00	Change:	.00		



PO Box 93999  
Southlake, TX 76092

**COPY**

**INVOICE**

Invoice Number: 134547  
Invoice Date: Jan 24, 2013  
Page: 1

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

**Bill To:**  
Double Eagle Expl., Inc.  
221 S. Broadway #310  
Wichita, KS 67202

Now Includes:



Customer ID	Well Name# or Customer P.O.	Payment Terms	
DoubE	Kreutzer	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS2-04	Russell	Jan 24, 2013	2/23/13

Quantity	Item	Description	Unit Price	Amount
174.00	MAT	Class A Common	17.90	3,114.60
116.00	MAT	Pozmix	9.35	1,084.60
10.00	MAT	Gel	23.40	234.00
2.00	MAT	Sand - No Charge		
75.00	MAT	Flo Seal	2.97	222.75
430.00	SER	Cubic Feet	2.48	1,066.40
143.60	SER	Ton Mileage	2.60	373.36
1.00	SER	Port Collar	2,249.84	2,249.84
8.00	SER	Pump Truck Mileage	7.70	61.60
8.00	SER	Light Vehicle Mileage	4.40	35.20
1.00	CEMENTER	Tony Pfannenstiel		
1.00	CEMENTER	Glenn Ginther		
1.00	OPER ASSIST	Kevin Rupp		
1.00	OPER ASSIST	Nathan Donner		

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

\$ 2718.44

ONLY IF PAID ON OR BEFORE

Subtotal	8,442.35
Sales Tax	293.32
Total Invoice Amount	8,735.67
Payment/Credit Applied	
<b>TOTAL</b>	<b>8,735.67</b>