

## Kansas Corporation Commission Oil & Gas Conservation Division

1138507

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:	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)         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:	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	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:
GSW Permit #:	County: Permit #:
Spud Date or 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** 

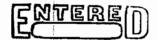
KCC Office Use ONLY	
Letter of Confidentiality Received	
Date:	
Confidential Release Date:	
Wireline Log Received	
Geologist Report Received	
UIC Distribution	
ALT I II III Approved by: Date:	

Side Two



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	d base of formations pen t-in pressures, whether s st, along with final chart( well site report.	hut-in pressure read	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	ological Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti			
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 / SQL	 JEEZE RECORD			
Purpose:  —— Perforate  —— Protect Casing	Se: Depth Type of Cement # Sacks Used Type and Percent Additives Perforate						
Plug Back TD Plug Off Zone							
	DEDEODATI	ON DECORD - Deidag Diva	o Cot/Time	Acid Fro	cture, Shot, Cemen	t Squaaza Baaar	4
Shots Per Foot	Specify I	ON RECORD - Bridge Plug Footage of Each Interval Per	forated		mount and Kind of Ma		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	ols. (	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit )	400-5) (Sub	mit ACO-4)		





TICKET NUMBER 38379

LOCATION EUREKA

FOREMAN KEUN MCCoy

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

AUTHORIZTION\_

FIELD TICKET & TREATMENT REPORT

620-431-9210 or 800-467-8676			CEMEN	Ks				
DATE	CUSTOMER#	WI	ELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
1-8-13	5363	Deck	TER U7		33	235	17E	Woodson
CUSTOMER	<b>\</b>			Co. Tools				
M°Gown DR/g INC. MAILING ADDRESS				TRUCK#	DRIVER	TRUCK#	DRIVER	
				445	DAVE G.			
	OX K				479	ALLEN B.		
CITY		STATE	ZIP CODE		611	Joey K.		,
Moun	id City	K5	660,56		452 T/03	Ed S.		
JOB TYPE Longstring O HOLE SIZE 63/4 H			HOLE DEPTH 1282 CASING SIZE & WEIGHT 4/2					
· manada			TUBINGOTHER					
			WATER gal/s					
DISPLACEMEN	NT 20.7 86C	DISPLACEM	ENT PSI 700	ME PSI //0	o Bumo pluo	RATE SAPM		
REMARKS: 幻	AFETY Meet	Ng: Fig	up to 41/2	CASING.	Pump 400	Gel Flush	. Use Rig	mud Pum
to CIRCO	ulate Gel B	BACK to -	SURFACE. BY	qup to	Cement. F	Pump 5 Bbl	FResh w	eter.
MIXED 10	00 sts 60/40	Pozmix	Cement uf	8% GeL .	/# Pheno Sex	ol /sk @ 12.	7 # JOAL -	TAIL IN
w/ 40 5KS	OWC Cen	nent als	KOL-SEAL	15x 1#1	beno SeAL ISA	@ 13.8 4/g	Al wash	out Pune
Lines	Shut down.	Release Pl	g. Displace	Plug to	SEAT W/.	20.7 BBC fres	h water.	FINAL
						c. Release H		
						6 Complete.		
							7	1

5401 5406		PUMP CHARGE		1
	**	TOWE CHARGE	1030.00	1030.00
	40	MILEAGE	4.00	160-00
//3/	100 sks	60/40 POZMIX CEMENT	12.55	1255.00
1118 8	690 *	Gel 8% / LRAd Cement	21	144.90
1107 A	/00 **	PhenoSeal 1 1st	1.29	129.00
1126	40 SKS	OWC Cement	18.80	752.00
1110 A	200 *	KOL- SEAL 5 #/SK	.46	92.00
1107 A	40 4	Phono Seal 1 = /st	1.29 *	51.60
5407	6.5 Tows	Tow Mikage BULK Delv.	MICXZ	700.00
1118 8	400 #	Gel Flush	.21=	84.00
4404	/	41/2 Top Rubber Plug WAter TRANSPORT	45.00	45.00
5501 C	3 HRS	WATER TRANSPORT	112.00	336.00
//23	4200 9Ab	City water	16.50/1000	69.30
			Sub TotAL	4848.80
	A-4	1 THANK YOU 7.3%	SALES TAX	191.40
in 3737	/ 1.6 W/ N	1 gm - 250862	ESTIMATED TOTAL	5,040.8

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.