

## Kansas Corporation Commission Oil & Gas Conservation Division

138532

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 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? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: 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	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 #:	County: Permit #:					
GSW Permit #:	. 5					
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 III Approved by: Date:						

Side Two

1138532

Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)  Samples Sent to Geological Survey Yes No			Log Formation (Top), De		nd Datum	Sample	
		☐ Yes ☐ No	Nam	Name		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, producti	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	1		
Purpose:  —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used Type and Percent Additives				
—— Plug Back TD —— Plug Off Zone							
Shots Per Foot	PERFORATI Specify	gs Set/Type rforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Dept				
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 Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			ETHOD OF COMPLETION:			PRODUCTION INTERVAL:	
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		



CUSTOMER#

TICKET NUMBER LOCATION **FOREMAN** 

RANGE

COUNTY

TOWNSHIP

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

DATE

## FIELD TICKET & TREATMENT REPORT CEMENT

WELL NAME & NUMBER

SECTION

7 /	245/1	11 4 5	<b>_</b>	C 74	77.7	- ·	
1/16/13 CUSTOMER	5363 Mitch	ell # E.	}	Sw 24	22	2	LN
MA	Comment Marilla	•		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRES	Sown Drilling			506	Fre Mad	Sateh	MX
	. Box 334			495	HarBec	HB	
CITY	STATE	ZIP CODE		6.75	*c: Det	KD	
	C.X. KS	66056		510	Jas Ric	TR	
Mound	14,	518	HOLE DEPTH		CASING SIZE & W		
			TUBING			OTHER	
CASING DEPTH_			WATER gal/s	1-	CEMENT LEFT in		n Dt.
SLURRY WEIGHT	0.4			5K		CASING&/&	7 100
DISPLACEMENT			MIX PSI		RATE SBPM	0	<b>A</b>
REMARKS: /							00*
Gel	Flush. Mix +				o PERMIX		
(rel.		Urface,	Hlush	punp	+ lines cl	xu. Dis	place .
2/2"	Rubber plus to	COSINY.		ressure	10 800* P.	SI- Relea	5e
Dre	SSUVE TO REX +	loax va	Lue. Sh	exin Cos	hy :		
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<del></del>					Fred M	ader	
					. / /-		
ACCOUNT CODE	QUANITY or UNITS	Di	SCRIPTION o	of SERVICES or P	RODUCT	UNIT PRICE	TOTAL
5401	, .	PUMP CHARG	3E		795	,	108000
5406	50 mi	MILEAGE		,	495		20000
5402	850	Casino	footoon				NIC
5407	Yz MENimum	Ton 0	<i>(</i> ) -		510		17500
5502C	12hr		BL Vac	Truck	<b>6</b> 75		13500
33000	1240		00 700	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
,		-		, , , , , , , , , , , , , , , , , , , ,			
			2 101	N J	<u>.</u>	<u> </u>	
1124	1205Ks	1	1	Cement			131400
148B	302#		ium C.			^`	63.43
4402	1	2'4! R	ubber,	Plucy			2500
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		1 >			t <sub>a</sub>	ngaph a graph in the	1.
				-	6.3%	SALES TAX	88.54
Ravīn 9737	<i>n</i> , 0:					ESTIMATED TOTAL	
	11/2 54		TITLE			DATE	
AUTHORIZTIO	N 11-17		111 LG				

l 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