

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1138627

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:			East 🗌 West
Address 2:		Feet from North / South Lin	ne of Section
Citv: St	ate: Zip:+	Feet from Fast / West Lir	
		Footages Calculated from Nearest Outside Section Corner:	
(, , , , , , , , , , , , , , , , , , ,		County:	
		Lease Name: Well #:	
		Field Name:	
5			
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	Amount of Surface Pipe Set and Cemented at:	Feet
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No	
OG	GSW Temp. Abd.	If yes, show depth set:	Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:	
Cathodic Other (Core	e, Expl., etc.):	feet depth to:w/	sx cmt.
If Workover/Re-entry: Old Well Inf	o as follows:		
Operator:		Drilling Fluid Management Plan	
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
Original Comp. Date:	Original Total Depth:		6.6.1.
Deepening Re-perf.	Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume:	bdis
	Conv. to GSW	Dewatering method used:	
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:	
Commingled	Permit #:	Operator Name:	
Dual Completion	Permit #:	License #:	
SWD	Permit #:		
ENHR	Permit #:	Quarter Sec TwpS. R I	
GSW	Permit #:	County: Permit #:	
Spud Date or Date Rea Recompletion Date	ached 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	1138627
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L		n (Top), Depth an	d Datum Top	Sample
Samples Sent to Geolog	gical Survey	Yes No	INdill	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	 Yes No Yes No Yes No 					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge P Each Interval I		e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Size	e:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed Pro	ductio	on, SWD or ENHF	λ .	Producing M	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION	OF G	AS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	TERVAL:
Vented Sold		sed on Lease		Open Hole	Perf.	Dually (Submit A		Commingled (Submit ACO-4)		
(If vented, Submit	ACO-	18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



TREATMENT REPORT

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Customer	LASS KNERCY					Lease No.						Date					
	Jows	·		Well #		-					Y 12/	1.4					
Field Order #	9 Station	PRATT	<u>K'</u>	Casing / Depth					County	E DI	State						
Type Job	30 TANI	· SLICK	CIUMIN	12 11	- INC		For	mation	1 Siller	County State State State County State State County County State County County County State County Co							
PIPE	E DATA	PERF	ORATIN	G DATA		FLUID I	JSED	SED TREATMENT RESUME					Ξ				
Casing Size	Tubing Siz	e Shots/F	t (1	Poles	Acio					RATE	PRE	SS	ISIP	939			
Depth	Depth	From 4		4597	Pre				Max 78	9	30	25	5 Min.	789			
olume ノクシンシ	Volume	From 4	16/16 To	4625	5	115,000 G	FR.		Min 98,	3	184	//	10 Min.	740			
ax Press <i>3000</i>	Max Press	From	То)	Frac	:434,000	GALL	0~	Avg 98,		195	50	15 Min.	710			
51/2	on Annulus V	ol. From	Тс)		LICKWA			HHP Used			-	Annulus				
ug Depth	Packer De	' I From	Тс		Flus	hG100(HLLO NER	N	Gas Volum				Total Loa	^{id} 13568			
ustomer Rep	presentative	BRUCE KE	LSO		n Mana	iger Anco	<u>Sc</u>		712.1	Trea	iter <u>11FV/</u>	BARBER 39910	2/ANTHE 20917	NUX/WESTERSON			
ervice Units	21643	38990	1856	~	/	17867	219	59	36242 38249	730	279	36955	1975	21057			
river lames	$\sum_{i} \mathcal{W}_{i}$ Casing	BAILEY Tubing	ANTHON	Y E.B.	/	KENNY	<u>) ////</u>		JUHN	J.A.	-	1 E.J.	R VAN				
Time	Pressure	Pressure	Bbls. Pi	umped		Rate	12.30	Idm	on Laca	Tion	Serv	ce Log S	NEY L	VERTING SETI			
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10:20	28				33			IRT,	<u>115.000</u>	lin	1.00	IN,	0				
10:21	924		33		- 14			E	Lonn	~ ~							
10:26	1226		/37		32			HRLI									
10:29	1717		256	,	<u> </u>			REAS.	1								
10:32	1654		410		<u>83</u>		1,	REAS	~								
10:33	2025		<u>587</u> 273		<u> </u>			REA. ART		HE A	4	/	# 3%	2) 2)			
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:// :/5	1949		469		98			# 30		, B							
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TREATMENT REPORT

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Customer	ISO TA	FRCY		Lea	ise No.					Date	γ	. [
Lease	loons			We	"#/					12]]]4]	R.			
Field Order #	Statio	PRIV	THS			Casing	51/2	Depth		County	EDI	whips	:	State	
Turne leb	O TAINN	SLIC	Y.WITTE	· FR.	AC		Forr	nation 1/15	SISSIPP,	,		Legal Des	scription ン・ンとムー	16W	
PIPI	E DATA	PE	RFORAT	'ING D	ATA	FLUID	USED		TREATMENT RESUME						
Casing Size	උ Tubing Si	ze Sho	ts/Ft	61 .1k	ÚŚ	Acid			F	RATE	PRESS		ISIP 939		
Depth	Depth			To 4		Pre Pad			Max 98	3,9	20.	25	5 Min. 78	9	
Volume	Volume	Fror	m4616	то 4		Pad 115,000 SLICKWAT	CALLON	د	Min 98	23	184		10 Min. から		
Max Press 3000	Max Pres	s Fror	n	То		Frac434,00	O GALL	∞	Avg 98	8,5	195	υ	15 Min. 🏏	U	
Well Connection 21/2	on Annulus \	^{/ol.} Fror	n	То		SLICK	UNTIFIC		HHP Used				Annulus Pre	ssure	
Plug Depth_ 4865	Packer D	epth Fror	m	То			HULCIN SHIFTL		Gas Volum	ne			Total Load	13568	
Customer Rep	presentative	SRICE	Kirlso		Station	Manager Dry		DM			iter 2	LEV/BA	WEFR/AN	3-4enry 5. l	
Service Units	19892	19864	1 19881 19849		32025	- <u>1990/</u> - <u>134</u> 72	<u>32114</u> 3750	5 1	<u>28(23</u> 33671	1983 70		X-MANN	X HAN	x-HANN,	
Driver Names	ANTHONY	MARIA		12	TOD	11/117	Scor	7	PONNE			COLT	NEK	DAVOM	
Time	Casing Pressure	Tubing Pressu		. Pumpe	ed	Rate					Servi	ce Log			
12:10	1954		IX)89		98.6	Stri	RT	4600	G	140	N8	\$ 30/50		
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12:24	1956			3/		<i>?</i> 8,1	12×	<u> </u>	150 OK	1/3	071	0127			
12:32	1903		122	715		98.5	STT	£7	3500	$\mathcal{D}G$	ALL	on 1	# 16/30		
17:33	1897		13	325	2	98.3		16/3	0 010	Bo	トッロル	17			
12:40	1866		/30	281		9 8 ,4	Stri	42.7	5000		4440	~		O RESIN	
12:42	1860		/3/			9 8 ,6	1.5		TSO PE.	_	0N			^	
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								~		<u></u>	~ ~	- 0			
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						Pratt KS					0.40				

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10244 NE Hiway 61 • P.O. Box 8613 • Pratt, KS 67124-8613 • (620) 672-1201 • Fax (620) 672-5383

	BASIC 10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201 Phone 620-672-1201 Phone 620-672-1201	the second s	17 /z date	LD SERVICE TR 18 0755	8 A				
JOB 12 -	14-17 DISTRICT PRATT KANSAS	NEW A CHELD	PROD INJ		JSTOMER IDER NO.:				
	ASSO ENCRUT LLC	LEASE WOOD	.		WELL NO.				
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AUTHORIZED E			12 A	TCKUSTER /	Eg. 9.				
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78868		-1984 4 2.75	START OPER	INTION 12-14-12	@10:17				
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EMPRICE	MATERIAL, EQUIPMENT AND SERVICES USE	DUNIT	<u> </u>		S AMOUNT				
REF. NO.			QUANTITY						
EM/PRICE REF. NO. C 1304 C 1315	MATERIAL, EQUIPMENT AND SERVICES USE FR 2000 580 M E		QUANTITY 389						
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FIELD SERVICE ORDER NO.

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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

DATE OF JOB <u>12-14-</u> CUSTOMER <u>L.64</u> ADDRESS CITY AUTHORIZED BY EQUIPMENT# <u>1833 7037</u> The undersigned is products, and/or supplied	SSURE PUMPIN	NG & WIRELINE 70-2 STRICT PRATT REY LL C STATE	HRS is contract mus agent of the ci d conditions ap	EQU st be signed	NEW SERVICE C COUNTY SERVICE C JOB TYPE: IPMENT#	LOUI EDWA REW J HRS HRS s commence	ROD III DS RDS RDS RATT SATTOR TRUCK C/ ARRIVED START OF FINISH OF RELEASE MILES FR d or merchan ses and acknow	TICK	ET NO. 4 WDW STATE 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		2 998 7: 2 998 7: 2 998 7: 2 998 7: 2 998 /0 / 8 97 /0 / 8 97 /0 /	•• • • • •
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FIELD SERVICE ORDER NO.