

## Kansas Corporation Commission Oil & Gas Conservation Division

1139519

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:	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	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, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Christ Management Dlan
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Dewatering method used:
Conv. to GSW	Dewatering metriod 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 #:	
☐ ENHR         Permit #:	Quarter Sec TwpS. R
GSW Permit #:	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 III Approved by: Date:					

Side Two



Operator Name:				Lease I	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	":					
<b>INSTRUCTIONS:</b> Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes	☐ No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	Ne	w Used	ion, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives
			ADDITIONAL	CEMENTII	NG / SQL	    EEZE RECORD				
Purpose:	Depth	Type of (		# Sacks		LEZE RECORD	Type and I	Percent Additives		
Perforate Protect Casing	Top Bottom	71								
Plug Back TD Plug Off Zone										
Flug On Zone										
	PERFORATI	ON RECORD	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Saueeze Recor	d	
Shots Per Foot	Specify	Footage of Eac	h Interval Perf	forated			mount and Kind of Ma			Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAL:
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)			

802 N. Industrial Rd. P.O. Box 664 Iola, Kansas 66749 Phone: (620) 365-5588

## Payless Concrete Products, Inc.

CASH CUSTOMER

WR12/7 DAVID & RON WRESTLER 1776 GEORGIA RD., HUMB. 66748 DELTO: TANKFARM E TO 1600 S 1 M TO CONN W 1/4 MI S SD

		The Name and Stone	all which the second	The second second		The state of the s	
TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
231		100		% CAL	- J J	% AIR	
05:53:63b	HELL	f0.00 yd	10.00 yd	0.00	35	0.00	ALLCO
DATE		LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
	o hate	4	40.00 ye				
10-30-12	Today	1	10,00 yd	22523	8/yd 0.0	4.00 in	32980

WARNING

IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY
CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of
Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical
Attention. KEEP CHILDREN AWAY.

CONCRETE IS a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE **LOADING** STARTS.

The undersigned promises to pay all costs, including reasonable attorneys fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum. ponsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time

PROPERTY DAMAGE RELEASE (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Excessive Water is Detrimental to Concrete Performance H<sub>2</sub>0 Added By Request/Authorized By

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARN NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUS WHEN DELIVERING INSIDE CURB LINE.

QUANTITY	CODE	DESCRIPTION	ACTOR OF THE REAL PROPERTY.		UNIT PRICE EXTENDED PRICE
10.00	WELL FRUCKING MIXEHOUL	WELL (10 SA TRUCKING CO MIXING & HA		10.00	51.00 510.00 50.00 75.00 25.00 250.00
		2 200		T	ang make in the
TURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	
TURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN  1. JOB NOT READY 8. TRUCK BROKE DÖWN 2. SLOW POUR OR PUMP 7. ACCIDENT 7. ACCIDENT 8. CITATION 8. CITATION 9.	ty are	DST8+31 1 835.00 Dx % 7.550 63.04
LEFT PLANT		FINISH UNLOADING START UNLOADING	1. JOB NOT READY 8. TRUCK BROKE DOWN 2. SLOW POUR OR PUMP 7. ACCIDENT	ty are	
0 ~ 7		_ 43 14	JOB NOT READY     B. TRUCK BROKE DOWN     A SCRIDENT     TRUCK AHEAD ON JOB     CONTRACTOR BROKE DOWN     OTHER     TOTHER	7	ex % 7.550 63.04 etal \$ 898.04 order 1 898.04



Gamy Well Record

Loc	ation				Sec.	23 Twp. 2	6 Rg. 18 €		
Elevation State						County Allen			
Kin	old (Oil, Gas, Water, Dr.	y Hole)		(	Contractor				
Pro	ducing formation			Top		Bottom	CONTRACTOR		
Packer Set at Kind					Size				
Lin		m	-		Perforated	11.	to		
		39							
LOG						Total Depth			
ick-	Strata	Depth	Thick- ness	Strata	Depth	Open Hole Casing	at		
7- 1	Top Sail Chan	6							
2	Lime 1	37				Casing	at		
7	Shake	60				Casing	at		
00	Lime	70				Cement			
0	Shake	120				Tubing			
20	Lime	274				Tubing			
74		444	176-	He is the		Rods			
141	Lime		482	4014 1,me		Additional Informa	ation		
	Shale	530			-	Con	net 6 SAEKS		
530	Lime	561			100	0	er 6 oners		
6/	Shale	598		(101	10.1	Junta	u 22 - /m		
78	Lime	615		God Oder	20'	U			
2	Shile	625	-		5		, ,		
20	Chal	717			- 3	81	0, 530		
17	Lime	718	-		21		the one		
18	Shake	812			34	90	He program		
-		812				0	. 1		
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16	Sandgood bleed	830	9			- 3	HETCH		
50	5	Sing		(					
30	Sayland	856		Bleet			17/		
56	Six Cel pul	837		and Klud		110	21/2		
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