



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1144579  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

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

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

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

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

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

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1144579

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

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

June 26, 2013

Donald Missey  
Wilson County Holdings LLC  
111 CONGRESS AVE, STE 400  
AUSTIN, TX 78701

Re: ACO1  
API 15-205-28157-00-00  
Wilson County Holdings PWDW 1  
SW/4 Sec.06-29S-14E  
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Donald Missey



**CONSOLIDATED**  
Oil Well Services, LLC

*[Signature]*

STR Corrected S6\_T29S\_R15E

TICKET NUMBER 41533  
LOCATION Eureka KS 170  
FOREMAN Ed Strickler

**FIELD TICKET & TREATMENT REPORT**

*Danny Butler Russ - Mc Coy*

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

CEMENT API-15-265-28157

DATE	CUSTOMER #	Oil WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
5-08-13	8926	Wilson County Holding #1	6	29S	14E	Wilson	
CUSTOMER			TRUCK # DRIVER TRUCK # DRIVER				
Wilson County Holdings			547 AB				
MAILING ADDRESS			443 Chris-M				
111 Congress Ave Ste 400			Mc Coy water Truck (Rudy)				
CITY			Dirtworks water Trucks				
Austin TX 78201							
JOB TYPE	ACID - MIS PUMP	HOLE SIZE	8 1/4"	HOLE DEPTH	1806' KB	CASING SIZE & WEIGHT	7" 23" New
CASING DEPTH	1431' GL	DRILL PIPE		TUBING	2 3/8"	OTHER	PBD 1389 GL
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	
DISPLACEMENT	80 BBLs	DISPLACEMENT PSI	1050"	MIX PSI		RATE	8 BPM
REMARKS: Safety meeting. Rig up to 2 3/8 Tubing. Pump 430 BBLs pit water to circulate Tubing from 1430' to 1800' - pump 125 BBLs lease water + 125 fresh water to circulate well clean - SAT 1250 Gallons 15% HCL acid in bottom hole - shut down - pull tubing & collar & bit - run 1400' 2 3/8 tubing & packer - pump 50 BBLs fresh water with packer & biside mix - shut down set packer (1400.95) (annulis) - PSI 70-500" - DRUM hold pull packer down - pump to 500" - held at 400" 30 mins - Rig to 2 3/8 tubing - pump 750 Gallons 15% HCL acid - follow with 80 BBLs KCL flush - 8 BPM 1050" shut down PSI - 0 - well went on TWO BBL VACUUM - REST INFO ON NEXT PAGE							

THANK YOU  
RUSS - ED - DAN - AB - CHRIS - M

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	840.00	840.00
5306	40	MILEAGE	4.00	160.00
5610	5"	MIS PUMP	200.00	1000.00
5310A	2"	ACID TRAN PART	140.00	280.00
3107	2000 Gallons	15% HCL acid	1.75	3500.00
3166	4 Gallons	ACID INHIBITOR	50.00	200.00
3191	8 Gallons	IRON CONTROL	40.00	320.00
3175B	8 Gallons	STIMAIL	65.00	520.00
3172	5 Gallons	KCL	35.18	175.90
3129	9000 Gallons	City water 17.30/1000	17.30	155.70
	8 hr	Mc Coy Trucking	90.00	720.00
			Subtotal	7871.60
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.

CASING MECHANICAL INTEGRITY TEST

DOCKET # D-31,562

Disposal  Enhanced Recovery:

SW-1 SE SW Sec 6, T29S S, R 15 E

263' N Feet from South Section Line  
4334' W Feet from East Section Line

Repressuring   
Flood   
Tertiary

Lease Hendry Well # PWDW 1  
County Wilson

Date injection started \_\_\_\_\_  
API #15 = 205-28157-00-00

Operator: Wilson County Holdings  
Name &  
Address 111 Congress AVE.  
STE. 400 Austin TX 78701

Operator License # 34697  
Contact Person Don Missey  
Phone 303-884-3203

Max. Auth. Injection Press. \_\_\_\_\_ psi; Max. Inj. Rate \_\_\_\_\_ bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_  
Conductor Surface Production Liner Tubing  
Size \_\_\_\_\_ 9 5/8" 7" \_\_\_\_\_ Size 2 3/8"  
Set at \_\_\_\_\_ 220' 1431' \_\_\_\_\_ Set at 1400.85  
Cement Top \_\_\_\_\_ Surface Surface \_\_\_\_\_ Type Up Set  
" Bottom \_\_\_\_\_ 220' 1431' \_\_\_\_\_  
DV/Perf. \_\_\_\_\_ TD (and plug back) \_\_\_\_\_ ft. depth  
Packer type \_\_\_\_\_ Size \_\_\_\_\_ Set at \_\_\_\_\_  
Zone of injection \_\_\_\_\_ ft. to ft. \_\_\_\_\_ Perf. or Open hole

Type Mit: Pressure  Radioactive Tracer Survey  Temperature Survey

F I E L D D A T A  
Time: Start 5:02 Min. 15 Min. 30 Min.  
Pressures: 400 400 400 Set up 1 System Pres. during test \_\_\_\_\_  
Set up 2 Annular Pres. during test \_\_\_\_\_  
Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone is shut in with Packer

Test Date 5-8-13 Using Consolidated Company's Equipment

The operator hereby certifies that the zone between 0 feet and 1400 feet  
was the zone tested Russell McElroy Consolidated Oil Well Co/Rep  
Signature Title

The results were Satisfactory , Marginal \_\_\_\_\_, Not Satisfactory \_\_\_\_\_  
State Agent Forrest Sutherland Title PIRT Witness: Yes  No \_\_\_\_\_  
REMARKS: \_\_\_\_\_

Origin. Conservation Div.;  KDHE/T;  Dist. Office;  
 Computer Update  
MAY 20 2013 KCC Form U-7 6/84