

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1148849

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:	Sec TwpS. R East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Fast / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
C C	
Purchaser:	Ŭ
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?
☐ OG	d. 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:	
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 S	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec Two S R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date 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 Approved by: Date:							

	Side Two	1148849		
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	ical Survey	Yes No				iop	Datam
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set	-conductor, surface, inte	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

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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated)e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dep			Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INT	ERVAL:				
(Submit A				Comp. ACO-5)	Commingled (Submit ACO-4)					
(If vented, Submit ACO-18.) Other (Specify)										

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



PAKS DRILLING 3720 W. Main St. Independence, KS 67301 (620) 577-4196

cement surface casing Job Ticket

Date: 03/11/2013

Well Name/Location: lemon IR #1

Customer Order #:00255

Labor - Descr	iption	Hrs./Qty	Rate	Amount	Desc	cription of Work	
Drilling foreman:	J. Swearengin	SET SURFACE CASING ran cement for suface casing used 11 sacks 50/50 portland mix					
drilling foreman:		3.5hrs					
Drill Hand	D. love	5.5115					
Drill hand:	wyndell						
Hand:	L. Ehret						
Per Diem:	none						
Safety Bonus:	none						
Other Charges - D	escription	Hrs/Qty	Rate	Amount			
Equipment Usage Chrg		2.75					
Equipment Usage Chrg							
Water Delivery		2					
Crew Truck		2					
Trucking Charge		3.25					
					Total Amount Due	960	