



KANSAS CORPORATION COMMISSION 1150003
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.

SOLO TO

08001
CASH CUSTOMER

JV/FREDONI
JV OIL P.O. BOX 151 CHAROTE
39 W TO HANBER RD S CROSS
400 1/2 MI
FREDONIA, KS

CONDITIONS: To be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or contractor's direction, seller assumes no responsibility for damage to sidewalks, roadways, driveways, buildings, trees, etc., which are at customer's risk. The maximum allowed time for trucks longer than 5 minutes per yard. A charge will be made for all time in excess of this. This concrete contains correct water contents for all applications as indicated. We do not assume responsibility for any damage to property or persons caused by the use of this concrete. The signature of the contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

DRIVER/TRUCK	PLANT/TRANSACTION #
ZH 37	WILCO
% AIR	TICKET NUMBER
0.00	34335
SLUMP	
0.0 4.00 in.	

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By

GAL X

WEIGHMASTER

PROPERTY DAMAGE RELEASE

(TO BE SIGNED IF DELIVERED TO CURB LINE)
Dear Customer: The driver of this truck in presenting this release to you for your signature is of the opinion that the release and weight of this truck may possibly cause damage to the concrete and/or adjacent property if it places the weight on the load where you desire it. It is our wish to help you get your job done and we do not wish to do this to the driver's loss from any responsibility from any damage that may occur to the concrete and/or adjacent property, buildings, driveways, curbs, etc., by the delivery of this material. We understand you also agree to help him remove material from the job site if it is so damaged that he will not enter the public street. Payment and release of the driver, the undersigned agrees to make and will be held harmless the driver of this truck and the supplier and all damage to be claimed by anyone to the driver and/or equipment property of this order.

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 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 attorney's fees, incurred in collecting any sums owed.
All accounts not paid within 30 days of delivery will bear interest at the rate of 2% per annum.
Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.
A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.
Excess Delay Time Charges @ \$50/HR

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

LOAD RECEIVED BY:

X *[Signature]*

UNIT PRICE	EXTENDED PRICE
58.00	841.00
25.00	362.50
55.00	165.00

ck #
PD 1410
\$1586.22

QUANTITY	CODE	DESCRIPTION
14.50	WELL	WELL (10) SACKS PER UNIT
14.50	MIX&HAIL	MIXING & HAULING
3.00	TRUCKING	TRUCKING CHARGE

SubTotal	1368.50
Tax % 5.300	86.22
Total	1454.72
Order	1454.72
ADDITIONAL CHARGE 1	131.54
ADDITIONAL CHARGE 2	
GRAND TOTAL	1586.22

TIME ALLOWED	DELAY EXPLANATION/CYLINDER TEST TAKEN
	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER
	6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER
TIME DUE	
DELAY TIME	

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING
		2:47
LEFT PLANT	ARRIVED JOB	START UNLOADING
10:46	11:50	11:57
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME