

Kansas Corporation Commission Oil & Gas Conservation Division

1150118

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 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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 Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
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 SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method 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 #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ 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 Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), Dep		nd Datum	Sample	
Samples Sent to Geo	ological Survev	☐ Yes ☐ No	Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No-	ew Used 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1		
Purpose: Depth Top Bottom Perforate Protect Casing		Type of Cement	# Sacks Used Type and Percent Additives				
—— Plug Back TD —— Plug Off Zone							
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plu Footage of Each Interval Pe	gs Set/Type rforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	_		PRODUCTIO	ON INTERVAL:
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		



259594

LOCATION Oxtoma KS
FOREMAN Fred Mades

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

FIELD TICKET & TREATMENT REPORT

		CEN	IENI			
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
		Brown back #1	NW 5	20	23	LN
P)	Kusan 0:1 9	6 Russall Dalana	100	patient de la company	illeric miles	in the second
MAILING ADDR	RESS	6 Russell Richerson	TRUCK#	DRIVER	TRUCK#	DRIVER
612	1:2	a si	712	FraMad		
CITY	SZ John	n Brown Rd	495	HarBac		
<u> </u>	100	1200 1200 1200 1200 1200 1200 1200 1200	369	DerMas		
	Ltoul	KS 66079	500	wil Mat		
JOB TYPE_LO	mattrice H	OLE SIZE 6/2 HOLE OF	PTH_ 900'	and Irlas		
CASING DEPTH		RILL PIPETUBING		CASING SIZE & W	EIGHT 2/5 1	UE
		TUBING			OTHER	
SLURRY WEIGH	1T S	LURRY VOL WATER	gal/sk	CEMENT LEFT IN C	ACING O'	01
DISPLACEMEN'	T_ 5.0 300	ISPLACEMENT PSI MIX PSI				
REMARKS: H	ald Creur v	nextee restablish as		\ ^	w/ -	
0) : **	Pum 2 /7	nusky Establish civ	70 C 0 1 4 0	1XX Pump 10	a# Col F	wh.
		. ON M A L.W. C C/-A	1111			SINC
			LAVESEUVE Y	mad floor	Value	9
Sh	ut in co.	Shin		1100	varie.	
			The second second			
mal	Sous Dri	144		20	Ma a	-
		0.		- Jack	Maria	

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE 49:		
5406	35mi	MUEACE		10850
5402	863	Casing Footage 495		147 00
5407	minimum	Ton Miles		NIC
2503C	みなかい	80 BBC Vac Truck		36800
		1000		×>2€
112-1	1755Ks	50/50 Por Mir Consut		
11150	394 [#]	Promium Gol	1	20125
11.07 A	88#	Ph. Soul		86 6
4409		Phymo Soal 25, Rubbay Plug		118 50
		the formation of the first of t		2950
3737		63%	SALES TAX	14159
THORIZTION		TITLE	ESTIMATED TOTAL DATE	421407

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.