

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1152565

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:	
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: ()	
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:
	Amount of Surface Pipe Set and Cemented at: Fee
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 Fluid Management Plan
Well Name:	(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	
Conv. to GSW	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 #:	
ENHR Permit #:	Quarter Sec TwpS. R East Wes
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					
Confidential Release Date:					
Wireline Log Received Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					

	Side Two	1152565
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 Sh	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	16		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	<pre>Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASIN	G RECORD	ew Used			
		Report all strings se	t-conductor, surface, int	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				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)					
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
DISPOSITIC	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

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

	CONSOLIDA Oli Well Service	N, LLC	1630	ÉCNT DEP	TICKET NL LOCATION FOREMAN	Offara, K	1775 S
	Chanute, KS 6672 or 800-467-8676		CEMENT		ORI	,	1
DATE	CUSTOMER #	WELL NAME & NUME	BER	SECTION	TOWNSHIF	RANGE	COUNTY
5/7/13	7823	Lowe # 12	S	N 18	17	25	MI
CUSTOMER	040	· · · · · · · · · · · · · · · · · · ·					
MAILING ADDE				TRUCK #	DRIVER	TRUCK#	DRIVER
1623		the St.		481	Casken	1 sates	reflecting
CITY		STATE ZIP CODE		delo	Garmon	_ <u> /</u>	
Paola.		KS 66071	-	548 36A	Mik Haa Der Mas		
	ignistring H		نيا HOLE DEPTH	560'		WEIGHT 27	1.11 5.5
CASING DEPTH	14004	· · · · ·	TUBING pin		CASING SIZE &		
SLURRY WEIGI			WATER gal/sk		CEMENT LEFT		4
DISPLACEMEN	0		MIX PSI		at an	bpm	
REMARKS: L	A A	nostina, ostablisher			11	uped 20	aff Da
al fille	need by 10	bbls fresh water	- aniked	· · · · · · · · · · · · · · · · · · ·	sed 80	stes -5%	D Tenin
convert	w/ 2% 20	Λ/	· · · · · ·	ctace it	udead a.	wo clar	OFANX
21/2 " 10	bber elun t		bbls frech	unater	ACCENTION -	U.J. Pro	Der
shot in	casing .	1	(10)		, Messures	10 000	$-FS(, \dots, n)$
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			Λ	<u> </u>	
						$+ \downarrow$	<u></u>
					1/~		····
					/	/	
CCOUNT	QUANITY or		RIPTION of SER	VICES or PRO	DUCT	UNIT PRICE	
CODE 5401							TOTAL
5406	110	PUMP CHARGE	-				1085.00
	40 m	MILEAGE	<u>n </u>	·			168.00
5402			botage				
5407	1/2 minie		eage		······································		184.00
5502 C	2,5 h	is 50 Vac		<i></i>			225.00
	·····		· · · · · · · · · · · · · · · · · · ·			 	
1/2/	<u> </u>	50/ 0					
1124	80 sts	-150 Po	Zmin cer	need	······		920.00
1118B	334 #	Premium	Gel				73.48
4402		DY2" rub	prolum				29.50
						• • • •	
			· · · · · · · · · · · · · · · · · · ·			P -	ير ب ک
					\$M	Cumplot	(A)
	<u>, , , , , , , , , , , , , , , , , </u>				han kand	DUNIHEID	
					4 ·		č)
- 9797			······		7.55%	SALES TAX	77.24
In 3737	Pro					ESTIMATED	276222
.JRIZTION	Latu	lawn TIT				TOTAL	OK TURNE

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.