

Kansas Corporation Commission Oil & Gas Conservation Division

1153281

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
Address 2:	Feet from North / South Line of Section
City:	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	Amount of Surface Pipe Set and Cemented at: Feet
☐ 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 Christ Management Dlan
Well Name:	Drilling Fluid Management Plan (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	Dewatering method used:
Conv. to GSW	Dewatering metriod 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
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 N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone Depth Top Bottom Type of Cement		ement	# Sacks	Used		Type and	Percent Additives			
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (nmingled mit ACO-4)			

Hurricane Services, Inc. 3613 A Y Road Madison, KS 66860 Office # 620-437-2661 Brad Cell # 620-437-6765

Ticket Number_	100189
Location	Madison
Foreman	Brad Butler

Cement Service ticket

		CONTROLL SCI VICE LICILEE			
Date Customer#		Well Name & Number	Sec./To	County	
		George * 2	19-	19-255-22E	
Customer Ma	rk A. Smith	Mailing Address	City	State	Zip Zip
dba ms	Drilling CO.	P.O. Box 87	ST. Paul	Ks.	66771

lob Type:	Longstring	LongsTring				
			201	Kelly		
Hole Size: 51/8"	Casing Size:	Displacement: 4/.9	202	Jerry .		
lole Depth: 915	Casing Weight:	Displacement PSI: 300	144: 150	Rick		
Bridge Plug:	Tubing: 2%"	Cement Left in Casing: o -				
acker:	PBTD: 259-					
Quantity Or Units	Descriptio	Description of Servcies or Product				
70	Mileage	Mileage				
/27 SACK	Lakin D.		1000	1284 20		
218 16s		ement	10.90	1384.30		
			,30	65.40		
25 165			1.85	46.25		
3 SACKS	Hulls		25.00	75.00		
200 16	Gel > Flush /	Ghrad	,30	60.00		
5 His	Water Transport		105.00	525.00		
4600 GA	water Transport		13.00 pe/1000	59.80		
70 mile	s Truck #290		1.50	105.00		
	witeline Service	•<	50.00	N/C		
5.68 Tons	Bulk Truck		\$1.15/Mile	457.24		
/	Plugs 2 1/8" Top Rubbe		25.00	25.00		
			Subtotal	3820.49		
			Sales Tax	125.25		
	The state of the s		Estimated Tota			

Remarks: Rig unto 2% Tubing, Break circulation with 10 Bbls water, 10 Bbl. Gel Flush, circulated Gelarousd To condition
Hole. Mixed 127SKs. 60/40 Pozmor comentary Chemicals. Shut obour washout Pump Livres - Release Top Rubbar Plus
Displaced Plus with 434 Bbls water. Final Pumping or 300 PSI - Bumped Plus To 1000 PSI - Obsetubing your 1000 PSI
Good Coment Teturs wy 4 Bbl shuty

"Thank you"

With the Seal by Bill WAX

Customer Signature

This document was created with Win2PDF available at http://www.win2pdf.com. The unregistered version of Win2PDF is for evaluation or non-commercial use only. This page will not be added after purchasing Win2PDF.