



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1150236  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1150236

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

July 02, 2013

John Loyd  
Excel Oil & Gas L.L.C.  
PO BOX 68  
BUCYRUS, KS 66013-0068

Re: ACO1  
API 15-019-27294-00-00  
Winders 15-22  
NW/4 Sec.15-34S-12E  
Chautauqua County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
John Loyd

10549

**STATEMENT**

**ELMORE'S INC.**  
 Box 87 - 776 HWY99  
 Sedan, KS 67361  
 Cell: (620) 249-2519  
 Eve: (620) 725-5538

Date 5-14-13

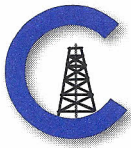
Customer JBD  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty.	Description	Price	Amount
11	SKS Cement	10,00	110,00
1 1/2	hr Cement Pump	110,00	165,00
1 1/2	hr Water Truck	85,00	127,50
			402,50
		Tax	33,41
			<u>10 435,91</u>
	Windows 15-22		
	Cemented 42' of		
	8 5/8 Surface With		
	11 SKS Cement		

*Thank You - We appreciate your business!*

Rec'd. by \_\_\_\_\_

**TERMS:** Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 258975

=====  
Invoice Date: 05/21/2013    Terms: 15/15/30,n/30    Page 1

J. B. D. % P. J. BUCK  
P.O. BOX 68  
SEDAN KS 67361  
(620)725-3636

WINDERS 15-22  
5220000607  
05/18/13  
15-34E-12E  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	110.00	20.1600	2217.60
1118B	PREMIUM GEL / BENTONITE	200.00	.2200	44.00
1107A	PHENOSEAL (M) 40# BAG)	40.00	1.3500	54.00
1110A	KOL SEAL (50# BAG)	550.00	.4600	253.00
1123	CITY WATER	5400.00	.0173	93.42
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25

Sublet Performed	Description	Total
9995-240	CEMENT EQUIPMENT DISCOUNT	-386.58
9996-240	CEMENT MATERIAL DISCOUNT	-406.39

Description	Hours	Unit Price	Total
419 CEMENT PUMP	1.00	1085.00	1085.00
419 CASING FOOTAGE	1027.00	.23	236.21
419 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
NUNNE WATER TRANSPORT (CEMENT)	6.00	120.00	720.00
551 MIN. BULK DELIVERY	1.00	368.00	368.00

Amount Due 5511.34 if paid after 06/20/2013

Parts:	2709.27	Freight:	.00	Tax:	191.13	AR	4684.64
Labor:	.00	Misc:	.00	Total:	4684.64		
Sublt:	-792.97	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_

5/18/2013

# 255975



522000607

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	JBD	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	15	Excess (%)	30%
Customer Acct #	4291	TWP	34E	Density	13.8
Well No.	Winders 15-22	RGE	12E	Water Required	8.5
Mailing Address		Formation		Yield	1.77
City & State		Tubing		Sacks of Cement	110
Zip Code		Drill Pipe		Slurry Volume	34.6
Contact		Casing Size	4 1/2 10.5#	Displacement	16
Email		Hole Size	6 3/4	Displacement PSI	700/1300
Cell		Casing Depth	1027	MIX PSI	500
Dispatch Location	BARTLESVILLE	Hole Depth	1050	Rate	4.5
<b>Code</b>	<b>Cement Pump Charges and Mileage</b>	<b>Quantity</b>	<b>Unit</b>	<b>Price per Unit</b>	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1010 1027	PER FOOT	\$0.23	\$ 236.71
5406	EQUIPMENT MILEAGE (ONE-WAY)	40	PER MILE	\$4.20	\$ 168.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				<b>EQUIPMENT TOTAL</b>	<b>\$ 1,853.30</b>
<b>Cement, Chemicals and Water</b>					
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	110	0	\$20.16	\$ 2,217.60
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	40	0	\$1.35	\$ 54.00
1110A	KOL SEAL (50 # SK)	550	0	\$0.46	\$ 253.00
1123	CITY WATER (PER 1000 GAL)	5.4	0	\$17.30	\$ 93.42
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				<b>CHEMICAL TOTAL</b>	<b>\$ 2,662.02</b>
<b>Water Transport</b>					
5501C	WATER TRANSPORT (CEMENT)	6	WATER TRANSPORT (CEMENT)	\$120.00	\$ 720.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				<b>TRANSPORT TOTAL</b>	<b>\$ 720.00</b>
<b>Cement Floating Equipment (TAXABLE)</b>					
<b>Cement Basket</b>					
0			0	\$0.00	\$ -
<b>Centralizer</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Float Shoe</b>					
0			0	\$0.00	\$ -
<b>Float Collars</b>					
0			0	\$0.00	\$ -
<b>Guide Shoes</b>					
0			0	\$0.00	\$ -
<b>Baffle and Flapper Plates</b>					
0			0	\$0.00	\$ -
<b>Packer Shoes</b>					
0			0	\$0.00	\$ -
<b>DV Tools</b>					
0			0	\$0.00	\$ -
<b>Ball Valves, Swedges, Clamps, Misc.</b>					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>Plugs and Ball Sealers</b>					
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
<b>Downhole Tools</b>					
0			0	\$0.00	\$ -
				<b>CEMENT FLOATING EQUIPMENT TOTAL</b>	<b>\$ 47.25</b>
				<b>SUB TOTAL</b>	<b>\$ 5,281.43</b>
				<b>SALES TAX 8.30%</b>	<b>\$ 438.16</b>
				<b>TOTAL</b>	<b>\$ 5,507.44</b>
				<b>DISCOUNT 15% (-DISCOUNT)</b>	<b>\$ 826.12</b>
				<b>DISCOUNTED TOTAL</b>	<b>\$ 4,684.14</b>
<b>DRIVER NAME</b>					
656	John Wade				
419	James Ness				
	Fildes, Jeff				
Nunnley	Nunnley				

AUTHORIZATION

TITLE

FOREMAN

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.

5/18/2013



5220000607

CEMENT FIELD TICKET AND TREATMENT REPORT

Time:	Description	Rate (bpm)	Volume (bbl)	Pressure	Notes
10:30 AM	Hook up to well				
	Pump 200# gel sweep established cir	4.5	15	200	
	Ran 110 sacks thick set cement	4.5	35	500	
	Shut down and washed pump and lines				
	Dropped plug				
	Displaced 16.3 bbl to land plug at 1300psi	4.5		700/1300	
	Released press and plug held				
	Shut in plug container				
11:00 AM	Washed pump truck.				

REMARKS

Cement NOT TO SURFACE


More Notes:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_