



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1152153
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: _____



1152153

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 <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 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
<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

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 <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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1 070459

To: STATE CORPORATION COMMISSION
CONSERVATION DIVISION - PLUGGING SECTION C E/2 E/2 SE, SEC. 9, T 17 S, R 29 W/EX
200 COLORADO DERBY BUILDING
WICHITA, KANSAS 67202

API NUMBER 15- 101-21,427
1320 feet from S section line
330 feet from E section line

TECHNICIAN'S PLUGGING REPORT

Operator License # 9421
Operator: Boger Brothers Drilling Inc.
Name & Address: P.O. Box 723
Great Bend, KS 67530

Lease Name Snider Well # 1
County Lane
Well Total Depth 4650 feet
Conductor Pipe: Size feet
Surface Casing: Size 8 5/8 feet 230

Abandoned Oil Well Gas Well Input Well SMD Well D&A X
Other well as hereinafter indicated

Plugging Contractor Boger Brothers Drilling Inc. License Number 9421
Address P.O. Box 723, Great Bend, KS 67530

Company to plug at: Hour: 5 p.m. Day: 7 Month: 11 Year: 19 87

Plugging proposal received from Rick Smith

(company name) Boger Brothers Drilling Inc. (phone) 316-792-8151

were: to fill hole with heavy mud and spot cement through drill pipe Elevation 2807' Anhydrite 2207-2220'

1st plug at 2220' with 50 sx cement, 2nd plug at 1380' with 80 sx cement,
3rd plug at 260' with 40 sx cement, 4th plug at 40-0' with 10 sx cement,
5th plug to circulate rathole with 15 sx cement.

Plugging Proposal Received by Steve Durrant (TECHNICIAN)

Plugging Operations attended by Agent?: All Part None X

Operations Completed: Hour: 7:30 p.m. Day: 7 Month: 11 Year: 19 87

ACTUAL PLUGGING REPORT 1st plug at 2220' with 50 sx cement,

2nd plug at 1380' with 80 sx cement,
3rd plug at 260' with 40 sx cement,
4th plug at 40-0' with 10 sx cement,
5th plug to circulate rathole with 15 sx cement,
Water well plugged with 10 sx cement.

Remarks: Used 60/40 Pozmix 6% gel by B.J. Titan.
(If additional description is necessary, use BACK of this form.)

I (did/did not) observe this plugging.

Signed Dan Anderson (TECHNICIAN)



CHARGE TO:
LARSON ENGINEERING
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. **24780**

PAGE 1 OF 1

SERVICE LOCATIONS
 1. **Hays, KS #113**
 2. **Ness City, KS #317**

WELL/PROJECT NO. **#1 SWD** LEASE **SNIDER** COUNTY/PARISH **LANE** STATE **KS** CITY **N/Dighton, KS** DATE **6-14-13** OWNER
 TICKET TYPE SERVICE SALES CONTRACTOR **HD Dlg** RIG NAME/NO. **CT** DELIVERED TO **N/Dighton, KS** ORDER NO.
 WELL TYPE **DWSD** WELL CATEGORY **DWSD** JOB PURPOSE **Cement 5 1/2" Longstring** WELL PERMIT NO. WELL LOCATION
 REFERRAL LOCATION **SWD** INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #113	50		mi		6.00	300.00
578		1			Pump Charge - cut Longstring	1	224	H.		150.00	150.00
221		1			Liquid MCL	2		gal		25.00	50.00
881		1			Mixed Fluid	500		gal		1.25	625.00
290		1			D-Air	4		gal		42.00	168.00
330		2			SWD - Cement	375		SKS		17.00	6375.00
276		2			Floccle 1/4" SK	94		lbs		2.00	188.00
581		2			Service Charge - Cement	375		SKS	373.16	1.00	750.00
583		2			Dryage	932.9		TM		1.00	932.90

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *[Signature]*
 DATE SIGNED **6-14-13** TIME SIGNED **1400** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				10888.90
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL

SWD w/ or Tax Inj. Well
10,888.90

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 6-14-13 PAGE NO. 7

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Larson Engineering		#1 SWD		SWIDER		Cement Longstring		24780	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1345					15.5	5 1/2	On loc - P.T	
								Ris L.D.D.P.	
								Rig run 5 1/2" casing, 15.5 #/ft	
								to 222' with Triplex Basket shoe	
								on bottom, L.D. Baffle - SJ 42 1/2'	
								Cent on every other ft. (20)	
								Have own float equip.	
	1545							Fin run casing	
	1600/1730							Cir 1 1/2 Hr	
	1730							Then Drop Ball for shoe	
			8					Plug RH - 30 STS SMD cut	
			12	82		50		Start 500 gal Mudd Plush	
						70		to set Basket shoe	
		5	20			150		Continue Plush - 20 BBI HCL Plush	
		6	32			150		Fin flushes	
		6	80			150		Mix 145 STS SMD @ 11.2	
		6	70	120		100		Mix 100 STS SMD @ 12.5	
		5	15	135		100		Mix 50 STS SMD @ 13.5	
		4	13	148		150		Mix 50 STS SMD @ 14.5	
						Var		Fin cut	
								Wash out Pump & Lines	
								Drop L.D Plug -	
		5				150		Start Displ to 2182' = 52 BBI	
	1840		52			70		Plug Down - 30 STS cut CIR to P.T	
	1845					0		Held - Release & held	
	1900							Job Complete	
								Washed up & Packup	
	19:30							<i>[Signature]</i>	

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 18, 2013

Thomas Larson
Larson Engineering, Inc. dba Larson Operating
Company
562 W STATE RD 4
OLMITZ, KS 67564-8561

Re: ACO1
API 15-101-21427-00-01
Snider 1 SWD
SE/4 Sec.09-17S-29W
Lane 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,
Thomas Larson