

## Kansas Corporation Commission Oil & Gas Conservation Division

1154293

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

1154293

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 Taken Yes No (Attach Additional Sheets)					Log	y Formation	n (Top), Depth a	oth and 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 Hole Size Casing		Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives		
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD					
Purpose:  — Perforate — Protect Casing — Plug Back TD — Plug Off Zone  Depth Top Bottom  Type of Cerr		ement	# Sacks Used Type			Type and	Percent Additives				
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Performance Performa			s Set/Type orated	Set/Type Acid, Fracture, Shot, Crated (Amount and Kin			ement Squeeze Record d of Material Used)  De			
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			
		Mcf						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)				



257885

LOCATION Of Lawa KS
FOREMAN Fred Mader

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

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	L GUOTGUER # 1					
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	5097 N	Jacha #3	No 33	24	184	AL
MAILING ADDRE	cha Enterp	rises, Inc	TRUCK #	DRIVER	TRUCK#	DRIVER
_			712	Fre Mad	Satch	mit
P.O	Box 220	In the second	795	Harbec	HBV	0
			503	Dan Dex	DD	
Ga		5 66742				
JOB TYPE_LO	A -	SIZE 6314 HOLE DEF	PTH 935	CASING SIZE & V	VEIGHT 4/2	<i>H</i>
CASING DEPTH	924 F DRILL	PIPETUBING			OTHER	1
SLURRY WEIGH	ITSLUR	RY VOL WATER ga		CEMENT LEFT in		+
DISPLACEMENT	14 BBL DISPL	ACEMENT PSI MIX PSI		RATE SAPO		
REMARKS: A	an hala sau	ded to 925: Hol	1	11 -	-4 / 11 1	
02000	lasting Mi	× + Pump 100# Ga	1 Flush	MIGH D	STADITSK	12 64
50/50	Por Mix	ement 270 al 1/2	# Dhans	0/4	un p	LSKS
		/ 14 BBL Water.	TOURD DEA	V34. 11	isplace	42
Casiv	3 CIPANE W	1 BBC Water.	July M	Casing		
We are an exercise						
20 TO SERVICE				HOLLTON THYS	<u>r Price -</u>	Total S
0 1	C	1 1/3	ŏ	4.00	2030.00	1000.0
('ustor	nen Supplis Goum Dvills	ed H20,			1 11	22323
mo	Goum Dvills	<del>}</del>		+uc	Q Mas	<u>u</u>
ACCOUNT		0		22.00	4 + 2 %	
ACCOUNT CODE	QUANITY or UNI	rs Description	of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5401	,	PUMP CHARGE		495		103000
5406		MILEAGE			pile	220-00
5402	924	Casing footo	Q <sub>Q</sub>			NK
5407A	( TAP	335.81 To miles				
<u> </u>		Jan Times	A. A			450 ध
1124	142	5 KS 50/50 Por Mi	x Cenced			155490
1118B	<u>339</u> #	framium 6.	el			71 19
11074	7/#	Pheno Saal				9159
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		11/1//		***		
		(/X // /	-	75501		100 10
avin 3737				7.55%	SALES TAX	_129.69
					TOTAL	3547.38
UTHORIZTION		TITLE		1		JUN (100)
UTHORIZTION_		TITLE			DATE	