

## Kansas Corporation Commission Oil & Gas Conservation Division

## 1154417

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: 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         ☐ 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?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 TwpS. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  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 Name:			_ Well #:		
Sec Twp	S. R	East West	County:					
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid	
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geol	ogical Survey	Yes No	Naı	me		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
				New Used				
Purpose of String	Size Hole	Report all strings s	set-conductor, surface, ir Weight	Setting	on, etc.  Type of	# Sacks	Type and Percent	
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives	
	I	ADDITION	NAL CEMENTING / SQ	UEEZE RECORD			I	
Purpose: Depth Type of Cement				# Sacks Used Type and Percent Additives				
Perforate Protect Casing	Top Bottom	31						
Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATI Specify	ION RECORD - Bridge F Footage of Each Interval	Plugs Set/Type Perforated	Set/Type Acid, Fracture, Shot, Coated (Amount and Kind			d Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (	Gas-Oil Ratio	Gravity	
DIODOGITIC	DN 05 040		METHOD OF OCCUP	FTIONI		DDOD! IOT!	NALIAITEDVA	
	ON OF GAS:	Open Hole	METHOD OF COMP		nmingled	PRODUCTIO	ON INTERVAL:	
Vented Sold		Other (Specify)	(Subm		mit ACO-4)			



258787

TICKET NUMBER	41780
LOCATION Officer	K
FOREMAN Casa, Ke	med.

PO Boy 884 Chanute KS 68720

**FIELD TICKET & TREATMENT REPORT** 

	or 800-467-8676		CEMEN	JT	<b>V</b> (()		
DATE	CUSTOMER#	WELL NAME & NO		SECTION	TOWNSHIP	RANGE	COUNTY
5/15/13	7823	Lowe # 15		SW 18	17	25	HI
CUSTOMER	oil Co						
MAILING ADDR				TRUCK#	DRIVER	TRUCK#	DRIVER
16205	W. 287+1	in It		48(	askon		
CITY	15. 00 4 Is	TATE ZIP CODE		(0(06)	GarMoo		
Paola	[	KS (0607)	.	5/0	Set Tuc		
	aceting H	OLE SIZE 55/8"		675	Keilet		
CASING DEPTH	Rian I	RILL PIPE	HOLE DEPTH		CASING SIZE	WEIGHT 27	8" Euc
SLURRY WEIGH		URRY VOL		m - 494'	<del></del>	OTHER	, , , , , , , , , , , , , , , , , , , ,
DISPLACEMENT	3 C/ 1/1	SPLACEMENT PSI	. WATER gal/s		CEMENT LEFT	in CASING 5	
REMARKS: Le	<u> </u>		MIX PSI	.4.	RATE 4.5	4	
	4 1	pelong establish		ation, mi	ral f and	ped 200 1	Freunam
Gal tollow	7 - 7 -	ds food water	·/	+ purpeg		(cs 3%50)	OPILITY:
	ed 270 ge		ent to s	orface, f	lushed p	up clear	a, pource
		in uf 2.86 &	obls fresh	water, p	ress wreal	to 800	P\$1, 1
shot he ca	ving.			<u> </u>			<del>`</del>
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						11	/
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						///	<u>/</u>
ACCOUNT							
CODE	QUANITY or U	JNITS	ESCRIPTION of S	SERVICES or PRO	DUÇT	UNIT PRICE	TOTAL
5401	/	PUMP CHARG	GE				1085,00
5406	40 mi	MILEAGE					168.00
5402	499'	casing	tostage				
5407	/a minin		ileage				18400
5502C	2 h	1 ( 2 / 4 ) 1 }					180.00
							100.
1124	78 9	es 5950 1	POZMIX CO	zunput			San 00
11188	331 #	es 950 Tremio	us Call				70 60
4402	1	27"	un Gel rubber pl				891.50 72.82 29.50
1,00	<u>, ,</u>	~ /a_	TO BOOK	<u> </u>	.,	<u> </u>	21.30
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					" harringsal	C 28 3 8 3 8 6 3 5 6	*
					4.		.**
					<del></del>		
				-	7.55%	CALEGRAN	75 116
in 3737				<del></del>	11.30%	SALES TAX ESTIMATED	75.45
	DE GD	1 1:				TOTAL	2691.77
THORIZTION	UG Co. Kep	on location	TITLE			DATE	······································

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.