



KANSAS CORPORATION COMMISSION 1155012
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1155012

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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HUGHES DRILLING REPORT

Well No. 6-A

Farm Flynn

SURFACE CASING

Size 7"

Feet 20.75

Circulated 8 sx cement

PERMANENT CSG.

Size 2 7/8" 8rd EUEC (new)

Feet 840'
Bolt at 830'

T. D. at Completion 850'

Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
13	Clay	15
98	Shale	113
25	Lime	138
6	Shale	144
10	Lime	154
5	Shale	159
17	Lime	176
24	Shale	200
16	Gr. Sand	216
2	Shale	218
15	Lime	233
2	Shale	235
3	Gr. Sand	238
2	Lime	240
71	Shale	311
21	Lime	332
21	Shale	353
4	Lime	357
29	Shale	386
7	Lime	393
10	Shale	403
2	Lime	405
14	Shale	419
23	Lime	442
10	Shale	452
22	Lime	474
4	Shale	478
3	Lime	481
4	Shale	485
6	Lime	491
16	Shale	652
2	Lime	654
9	Shale	665
9	Lime	674
18	Shale	692
10	Lime	702
12	Shale	714
3	Lime	717
7	Shale	724
10	Lime	734

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
7/10/3	0	2	Soil	(1) 21.5-21.5
20'	2	15	Clay	(2) 22.5-44.0
	15	113	Shale	(3) 22.5-66.5
7-11-3	113	138	Lime	(4) 22.5-89.0
S 5/8	138	144	Shale (slate 138-139)	(5) 22.5-111.5
Pix Bit	144	154	Lime	(6) 22.5-134.0
	154	159	Shale	(7) 22.5-156.5
	159	176	Lime	(8) 22.5-179.0
	176	200	Shale	(9) 22.5-201.5
	200	216	Gray sand	(10) 22.5-224.0
	216	218	Shale	(11) 22.5-246.5
	218	233	Lime	(12) 22.5-269.0
	233	235	Shale	(13) 22.5-291.5
	235	238	Gray sand	(14) 22.5-314.0
	238	240	Lime (sdy)	(15) 22.5-336.5
	240	311	Shale	(16) 22.5-359.0
	311	332	Lime	(17) 22.5-381.5
	332	353	Shale (BRKN 349-353)	(18) 22.5-404.0
	353	357	Lime	(19) 22.5-426.5
	357	386	Shale	(20) 22.5-449.0
	386	393	Lime	(21) 22.5-471.5
	393	403	Shale	(22) 22.5-494.0
	403	405	Lime	(23) 22.5-516.5
	405	419	Shale	(24) 22.5-539.0
30'	419	442	Lime	(25) 22.5-561.5
	442	452	Shale (slate 442-443)	(26) 22.5-584.0
20'	452	474	Lime	(27) 22.5-606.5



CONSOLIDATED
Oil Well Services, LLC

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

260531

TICKET NUMBER 42142
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/12/13	3425	Flynn # 6-A	SE 24	15	20	FR
CUSTOMER Hughes Drilling			TRUCK #			
MAILING ADDRESS 122 Main			481	DRIVER Casper	TRUCK #	DRIVER
CITY Wellsville			666	Gardner		
STATE KS			503	Mikhaa		
ZIP CODE 66092						

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 850' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 840' DRILL PIPE _____ TUBING pin - 830' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 4.8 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100# Premium Gel followed by 10 bbls fresh water, mixed & pumped 120 sks 50/50 Pozmix cement w/ 2% gel + 1/4# Floseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to pin w/ 4.8 bbls fresh water, pressured to 500 PSI, shut in casing.

Rig supplied H₂O

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	840'	casing footage		
5407	minimum	ton mileage		368.00
1124	120 sks	50/50 Pozmix cement		1380.00
118B	302 #	Premium Gel		66.40
1107	30 #	Floseal		74.10
4402	1	2 1/2" rubber plug		29.50
			7.65	SALES TAX
				ESTIMATED TOTAL
				3205.62

Revin 3737

AUTHORIZATION [Signature] 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.