



KANSAS CORPORATION COMMISSION 1155018
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: _____



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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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HUGHES DRILLING REPORT

Well No. 9-A
Farm Flynn

SURFACE CASING

Size 7"
Feet 26.30
Circulated 10 sx cement

PERMANENT CSG.

Size 2 7/8" 80' EUE (New)
Feet 86.25 OF PIPE
Baffle at 85'

T. D. at Completion 875'

Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
8	clay	10
14	sandstone	24
21	shale	45
1	lime	46
108	shale	154
23	lime	177
8	shale	185
9	lime	194
5	shale	199
15	lime	214
43	shale	257
15	Gr. sand	257
2	shale	259
18	lime	277
2	shale	279
4	Gr. sand	283
70	shale	353
21	lime	374
19	shale	393
6	lime	399
28	shale	427
6	lime	433
62	shale	445
2	lime	447
13	shale	460
30' 25	lime	485
8	shale	493
20	lime	513
5	shale	520
3	lime	523
3	shale	526
11	Hertha	532
6	lime	532
16	shale	612
3	lime	613
10	shale	705
8	lime	713
19	shale	732
7	lime	739
14	shale	753
3	lime	756

DATE	DRILLED		REMARKS -- TYPE WORK -- BILLING REF.	PIPE TALLY
	FROM	TO		
7/24/13	0	2	soil	(1) 21.5-21.5
26'	2	10	clay	(2) 22.5-44.0
7/25/13	10	24	sandstone	(3) 22.5-66.5
59'	24	45	shale (Real sand 30-45)	(4) 22.5-89.0
PDU	45	46	lime	(5) 22.5-111.5
	46	154	shale	(6) 22.5-134.0
	154	177	lime	(7) 22.5-156.5
	177	185	shale (slate 177-178)	(8) 22.5-179.0
	185	194	lime	(9) 22.5-201.5
	194	199	shale	(10) 22.5-224.0
	199	214	lime	(11) 22.5-246.5
	214	242	shale	(12) 22.5-268.0
	242	257	gray sand	(13) 22.5-291.5
	257	259	shale	(14) 22.5-314.0
	259	277	lime	(15) 22.5-336.5
	277	279	shale	(16) 22.5-359.0
	279	283	gray sand	(17) 22.5-381.5
	283	353	shale	(18) 22.5-404.0
	353	374	lime	(19) 22.5-426.5
	374	393	shale (Real Bed 391-392)	(20) 22.5-449.0
	393	399	lime	(21) 22.5-471.5
	399	427	shale	(22) 22.5-494.0
	427	433	lime	(23) 22.5-516.5
	433	445	shale	(24) 22.5-539.0
	445	447	lime	(25) 22.5-561.5
	447	460	shale	(26) 22.5-584.0
30'	460	485	lime	(27) 22.5-606.5

HUGHES DRILLING REPORT

Well No. 9-A SURFACE CASING Size 2 7/8 8rd EVE (New)
 Farm FLYNN Feet 866 of pipe
 Circulated sx cement Booffle at 852

T. D. at Completion 875'

OPERATOR Hughes Drilling Contractor HUGHES DRILLING CO.

API # _____

STRATA THICKNESS	FORMATION DRILLED	T.D.
13	shale	769
7	Lime	776
15	shale	791
1	Lime	792
10	shale	802
5	Lt Br. Sand	807
12	oil sand	819
25	shale	844
1	Lime	845
30	shale	875
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
	485	493	shale (slate 485-486)	(28) 22.5-629.0
20'	493	515	Lime	(29) 22.5-651.5
	515	520	shale	(30) 22.5-674.0
	520	523	Lime	(31) 22.5-696.5
	523	526	shale	(32) 22.5-719.0
"Hatch"	526	532	Lime	(33) 22.5-741.5
	532	592	shale (BRKN 535-592) BRKN (649-654)	(34) 22.5-764.0
	692	695	Lime	(35) 22.5-786.5
	695	705	shale	(36) 22.5-809.0
	705	713	Lime	(37) 22.5-831.5
	713	732	shale (BRKN 720-721)	(38) 22.5-854.0
	732	739	Lime	
	739	753	shale	
	753	756	LIME (Brown)	
	756	769	shale (slate 756-757) (BRKN 760-766)	
	769	776	LIME	
	776	791	shale (BRKN 780-784)	
	791	792	LIME	
	792	802	shale	
	802	807	Lt. Brown Sand	Remarks
	807	819	Oil Sand	PS-3
	819	844	shale	
	844	845	Lime	
	845	875	shale	
			T.D.	

7-26-13 set 866' of 2 7/8" 8rd EVE (New)
 used 3 centralizers
 Booffle at 852



CONSOLIDATED
Oil Well Services, LLC

260997

TICKET NUMBER 42279

LOCATION Ottawa KS

FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/26/13	3425	Flynn # 9-A	SEC 24	15	20	FR
CUSTOMER Hughes Drilling		TRUCK #		DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 122 Main St		712		Fred Mad		
CITY		495		Ki Car		
STATE		510		Set Tuc		
ZIP CODE						
Wellsville						
KS						
66092						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 875 CASING SIZE & WEIGHT 2 7/8 EUC
 CASING DEPTH 866 DRILL PIPE Baffle in TUBING @ 852' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 11' Plug
 DISPLACEMENT 4.95 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold crew meeting. Establish circulation. Mix + Pump 100# Gel
flush. Mix + Pump 114 sks 50/50 Poz Mix Cement 2% Gel 4" Flo Seal/sk.
Cement to surface. Flush pump + lines clean. Displace 2 1/2"
rubber plug to ~~case~~ Baffle in casing. Pressure to 800* PSI.
Shut in casing.

Customer Supplied Water

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	20 mi	MILEAGE	495	84 ⁰⁰
5402	866	Ca		NIC
5407	Minimum	Ten Miles		368 ⁰⁰
1124	114 sks	50/50 Poz Mix Cement		1311 ⁰⁰
1118B	292#	Premium Gel		6434
1107	29#	Flo Seal		7163
4402	1	2 1/2" Rubber Plug		2950
		7.65%	SALES TAX	11294
			ESTIMATED	312631
			TOTAL	

Ravin 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.