



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1155199

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: \_\_\_\_\_

1155199

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 ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 261557

Invoice Date: 08/22/2013 Terms: 0/0/30,n/30

Page 1

VEENKER RESOURCES, INC.  
P.O. BOX 14339  
OKLAHOMA CITY, OK 73113  
(405) 751-1414

LOCKWOOD #30,31,32,33,34  
48560  
32-22-21  
08-19-2013  
KS

**APPROVED**  
**By Mark**

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	375.00	1.7500	656.25
1202	ACID INHIBITOR	1.25	50.0000	62.50
1219B	STIMOIL FBA (SR-445)	2.50	65.0000	162.50
1268	CITY WATER	16500.00	.0173	285.45
1215A	KCL (1/1000)	18.00	38.3300	689.94
1231	FRAC GEL	480.00	9.0000	4320.00
1208	BREAKER LEB4-ESA 14-GB10	1.25	200.0000	250.00
1205A	BIOCIDE (AMA-35-D-P) (DR	13.00	30.0000	390.00
4326	7/8" RUBBER BALL SEALERS	113.00	3.0000	339.00
2104A	16/30 BROWN SAND	1500.00	.2500	375.00
2102	12/20 BROWN SAND	9700.00	.2700	2619.00

Description	Hours	Unit Price	Total
T-90 WATER TRANSPORT (FRAC)	4.00	120.00	480.00
T-91 WATER TRANSPORT (FRAC)	4.00	120.00	480.00
458 PROPANT DELIVERY	1.00	315.00	315.00
521 MINIMUM ACID SPOTTING CHARGE	5.00	375.00	1875.00
521 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2300.00	2300.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2070.00	2070.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	2070.00	2070.00
524 MINIMUM COMBO CHARGE 1000 HP UNIT	2.00	1250.00	2500.00
524 FRAC VALVES (2" OR 3")	5.00	100.00	500.00
524 BALL INJECTOR	5.00	.00	.00
524 MILEAGE CHARGE (ONE WAY)	1.00	200.00	200.00
T-221 WATER TRANSPORT (FRAC)	4.00	120.00	480.00

Parts: 10149.64 Freight: .00 Tax: 47.77 AR 23667.41  
Labor: .00 Misc: .00 Total: 23667.41  
Sublt: .00 Supplies: .00 Change: .00

RECEIVED AUG 26 2013

Signed

Date

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2650

**CONSOLIDATED**  
**Oil Well Services, LLC**

Box 884, Chanute, KS 66720  
781-431-9210 or 800-467-8676

260847

TICKET NUMBER 42224

LOCATION Oxhawaks

FOREMAN Fred Mader

## FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
7-23-13	8579	Lockwood #33 VRI	SK 32	22	21	AN																				
CUSTOMER Veenker Resources Inc			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>712</td> <td>Fremad</td> <td></td> <td></td> </tr> <tr> <td>495</td> <td>Rei Car</td> <td></td> <td></td> </tr> <tr> <td>369</td> <td>Der Mes</td> <td></td> <td></td> </tr> <tr> <td>510</td> <td>Set Tuc</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	712	Fremad			495	Rei Car			369	Der Mes			510	Set Tuc		
TRUCK #	DRIVER	TRUCK #					DRIVER																			
712	Fremad																									
495	Rei Car																									
369	Der Mes																									
510	Set Tuc																									
MAILING ADDRESS P.O. Box 14339																										
CITY Oklahoma City	STATE OK	ZIP CODE 73113																								
JOB TYPE Longstr. HOLE SIZE 5 7/8 HOLE DEPTH 850' CASING SIZE & WEIGHT 2 3/4 EUE																										
CASING DEPTH 8430 DRILL PIPE TUBING OTHER																										
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING 2 1/2" ply																										
DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE 5 BPM																										
REMARKS: Hold crew meeting. Establish circulation. Mix Pump 100 # Premium Gel Flush. Mix Pump 94 sks o/w cement w/ 5" Kol Seal/sk. Cement to surface. Flush pump & lines clean. Displace 2' 2 1/2" Rubber plugs to casing TD. Pressure to 800 # PSI. Release pressure to set float valve. Shut in casing.																										

McGowan Drilling

Find Made

[illegible]

Ravin 3737

## AUTHORIZTION

**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.**