



**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: \_\_\_\_\_



1155249

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

August 19, 2013

Dennis D. Hodges  
Hodges, Dennis D. and/or Peggy D.  
1827 Rd Z  
Reading, KS 66868

Re: ACO1  
API 15-031-23494-00-00  
Wilson 1  
NE/4 Sec.11-21S-13E  
Coffey County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Dennis D. Hodges



ENTERED

TICKET NUMBER 41424  
 LOCATION Eureka  
 FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

API 15-031-23494 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4/13/13	9999	Wilson #1	11	21S	13E	Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			485	Alan M		
CITY			667	Chris B		
STATE						
ZIP CODE						

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 162' CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 150' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 15'  
 DISPLACEMENT 8 1/2 bbl/r DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ 3 bbls Freshwater. Mix 100sks Class A Cement w/ 32% cocl2, 2% Gel. Displace with 8 1/2 bbls Freshwater. Shut well in. Good cement returns to surface. 3 1/2 bbl slurry to pit. Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	823.00	823.00
5406	45	MILEAGE	4.00	180.00
11045	100 SKS	Class A Cement	14.95	1495.00
1102	280 #	Cocl2 3%	.74	207.20
11283	188 #	Gel 2%	.21	39.48
5407	407 TONS	Ten Mileage Bulk Truck	MIC	350.00
590 (160.35) \$ 3046.09 PD 4-11-13 # 2002				
			Sub Total	3096.68
			SALES TAX 6.3%	109.73
			ESTIMATED TOTAL	3206.41

Ravin 3737

AUTHORIZATION

*David [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.



**CONSOLIDATED**  
Oil Well Services, LLC

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

API # 15-031-23494

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

TICKET NUMBER 41497 ✓  
LOCATION Eureka KS  
FOREMAN Shannon Felk

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-13	9999	Wilson #1	11	215	13E	Coffey
CUSTOMER Dennis Hodges			3 Rivers Exploration			
MAILING ADDRESS 1827 Rd Z			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Reading			445	Dave G		
STATE KS			667	Chris B		
ZIP CODE 66888			#92	Alan G	McLoy Trucking	

JOB TYPE 45 HOLE SIZE 7 7/8" HOLE DEPTH 1824' CASING SIZE & WEIGHT 5 1/2" @ 17#  
 CASING DEPTH 1809.8' 6.2 DRILL PIPE --- TUBING --- OTHER ---  
 SLURRY WEIGHT 13.6 # SLURRY VOL 48 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0  
 DISPLACEMENT 43 Bbl DISPLACEMENT PSI 500 MIX PSI Bump Plug @ 1000 RATE 5 BPM

REMARKS: Safety Meeting, Rig up to 5 1/2" casing, Break circulation w/ 5 Bbl H2O. mixed 100 # Caustic Soda pre flush w/ 12 Bbl H2O, 10 Bbl H2O spacer. Mixed 140 SKS Thick set cement w/ 5 # Kol-seal/SK. Shut down wash out pump & lines, displace w/ 43 Bbl H2O. Final pumping pressure of 500 PSI, bumped plug @ 1000 PSI. Plug & float held. Good circulation @ all times while cementing. Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1126A	140 SKS	Thick set cement	19.20	2688.00
1110A	700 #	Kol-seal @ 5 #/SK	.46	322.00
1103	100 #	Caustic Soda pre flush (12 Bbl)	1.61	161.00
5407A	7.7 TONS	Ton mileage bulk Truck	1.34	464.31
5502C	4 Hrs	80 Bbl Val Truck # 92 McLoy Trucking	90.00	360.00
1123	3000 gal	city water	16.5/1000	49.50
4104	1	5 1/2" cement Basket	229.00	229.00
4130	5	5 1/2" centralizers	48.00	240.00
4159	1	5 1/2" AFV Float shoe	344.00	344.00
4454	1	5 1/2" Latch down Plug	254.00	254.00
	pd check #	Ticket # <del>41424</del> 41424 \$ 3206.41 5/1		
		Ticket # 41497 \$ 6591.92 4/5		
	2022	Total \$ 9798.33		
		- 5% disc 489.92		
		= 9308.41 6.30%		
		Sub Total		6321.81
		SALES TAX		270.11
		ESTIMATED TOTAL		6591.92

Ravin 3737

AUTHORIZATION \_\_\_\_\_ 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.

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August 20, 2013

Dennis D. Hodges  
Hodges, Dennis D. and/or Peggy D.  
1827 Rd Z  
Reading, KS 66868

Re: ACO-1  
API 15-031-23494-00-00  
Wilson 1  
NE/4 Sec.11-21S-13E  
Coffey County, Kansas

Dear Dennis D. Hodges:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 4/12/2013 and the ACO-1 was received on August 19, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department