

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1156145

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:		
Address 2:		Feet from North / South Line of Section
City: S	tate: Zip:+	Feet from Cast / West Line of Section
		Footages Calculated from Nearest Outside Section Corner:
Phone: ( )		
· · · · ·		County:
		Lease Name: Well #:
		Field Name:
Ũ		
		Producing Formation:
Designate Type of Completion:	-	Elevation: Ground: Kelly Bushing:
New Well	e-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW	SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG OG	GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Cor	e, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well In	fo as follows:	
Operator:		Drilling Fluid Management Plan
Well Name:		(Data must be collected from the Reserve Pit)
Original Comp. Date:	Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf	. Conv. to ENHR Conv. to SWD	
	Conv. to GSW	Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:	Operator Name:
Dual Completion	Permit #:	
SWD	Permit #:	Lease Name: License #:
ENHR	Permit #:	Quarter Sec TwpS. R East West
GSW	Permit #:	County: Permit #:
Spud Date or Date Re Recompletion Date	ached TD Completion Date or 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	1156145
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	le		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>		<pre> Yes No</pre> No Yes No Yes No					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENHR			ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION:			PRODUCTION INT	ERVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit )	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC	)-18.)		Other (Specify)						<u></u>

Form	ACO1 - Well Completion
Operator	Blue Top Energy LLC
Well Name	Sargeant 10
Doc ID	1156145

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	25 shots	2" DML-RTG	846-853
4	37	2" DML-RTG	938-947
			BBLS 120
			Break Pressure 2400
			Sand volume 3,000lbs
			Salt Frack

CONSOLIDA



TICKET NUMBER 43329 LOCATION Eureka KS FOREMAN Shannon Feck eck

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676	5	CEMEN	T			
DATE	CUSTOMER #	WELL NAME & N	UMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-13	1288	Sergeant	#10				WL
CUSTOMER	be Top En	ergy LLC		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR	- /	J7 220	-	445	Dave 6	110010#	DIGVER
	P.O. 1.	Box 31		611	Joey K		
Girad		STATE ZIP CODE	3				2
JOB TYPE 4	5	HOLE SIZE 55	HOLE DEPT	H 975'	CASING SIZE & W	EIGHT	-
CASING DEPTH		DRILL PIPE	TUBING			OTHER	
SLURRY WEIGH	IT_13.6 ₩	SLURRY VOL 34 Bb	WATER gal/	sk_8.0	CEMENT LEFT in		
DISPLACEMENT	<u>5.6 Bb/</u>	DISPLACEMENT PSI 300	MIX PSI BUN	no Plug @ 700	RATE Displace	e a IBP	m
REMARKS: Ki	9 10 40	2% Tubing	, Brea	k cirwla:	tion mit	150 #	gel
Flish, 5	Bbl Hz	o spacer, mit			c cement	w/ 1# 0	heno sallsi
Q ,B,6 Y	Elgal, Sh	ut down was	th out p	ump + lin	5. Stuff	plug x	displace
W/ 5.6	Bbl/ HZO	, Final Pun	pina pre	ssule of	30000.	bumped	plug @
700 PSi	Phy hel	1 good cheve	ation a	all times	5. 5- 361	Slurry 1	to pit.
Job 0	complete.				/		6

value Plus 40 put on Drovideo 4 Company Well

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210,00
1126	1005KS	Diwic, Cement	19.75	1975.00
1107 A	100-1	Phenoseal @ 1#/sk	1.35	135.00
5407	5.2 Tons	Ton mileage bulk Truck	MK	368,00
1118 B	150-1	Gel Flush	, 22	33.00
			SubTotal	3806.00
avin 3737	157	L 260935	SALES TAX ESTIMATED TOTAL	131,71
UTHORIZTION	KAT KROTH	the 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.