

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1156147

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 & LEA	SF

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from  North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
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:	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:      Dual Completion 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 Recompletion Date         Date Reached 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	1156147
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	L		n (Top), Depth an	d Datum Top	Sample
Samples Sent to Geolog	gical Survey	Yes No	INdill	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	<ul> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul>					
List All E. Logs Run:							
		CASING	RECORD Ne	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 Specify For	RECOF	RD - Bridge P Each Interval F	lugs Set/Typ 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	Product	ion, SWD or ENHF	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
DISPOSITIO	ON OF (	BAS:			METHOD	OF COMPLE	TION:		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>

1 0	NSOLIDATED	UBUBLE		TICKET NUME LOCATION	wreka KS	
		····		and the second	ANNON CO	
Box 884, Cha	nute, KS 66720 FI 800-467-8676	ELD TICKET & TRE	ATMENT REP			
	CUSTOMER # WE	LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-13	1288 Sarge	nt #11				wilson
STOMER D/	TOF	110	TRUCK #	DRIVER	TRUCK #	DRIVER
ILING ADDRES	e lop Energy	LLC	TRUCK#	Dave 6		
	0. Box 3/		479	Colby A		
Yo	STATE	ZIP CODE	1001			
Girad	KS	66743				
B TYPE 4/5	HOLE SIZE	5 5 HOLE DEP	TH 8841	CASING SIZE &	WEIGHT	
SING DEPTH_	880' G.L. DRILL PIPE_	TUBING 2	2811		OTHER	
URRY WEIGHT			l/sk_ 8,0	CEMENT LEFT in		
PLACEMENT_	5. 2 Bb DISPLACEME	ENT PSI 300 MIX PSI BO	mp Plug@ 700	RATE Displace	@ 1 BF	m
MARKS: Rit	1 7	Tubing, Break	cirwlatio	n, mited	150#9	el flu
BhI F	1 4	ited 100 sks	D.W.C. C.	ement w/	1# pher	useells
13.6 #	1/991, Shut dou	in wash out	oump + lin	es, Stuff	plug a	displa
15.2	Bd theo, Fina	1 pumping pres	ssure of	200 psi 6	umpéd pi	407
SI. Plug	held. Good cir	Wation @ all	times, 5	Bb1 510	irry to	ort. Ja
mplete			/	11	1 . 4 .	1
					AMES	JUGUN
1			·	/	unit /	20191110
yany					4-64	- III
Provid	ed plug & swed	ge & value to p	ut on we	11 "	4-610	W
Provid	.) 0				4-610	w «
ACCOUNT	QUANITY OF UNITS		of SERVICES or Pl			TOTAL
Provid	.) 0				1085.00	TOTAL
ACCOUNT CODE 5401	.) 0	DESCRIPTION				TOTAL
ACCOUNT	QUANITY or UNITS	DESCRIPTION PUMP CHARGE			1085. <b>**</b> 4.20	TOTAL 1085.94 210.04
ACCOUNT CODE 5401 5406	QUANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE	of SERVICES or Pl		1085.00 4.20 19.75	TOTAL 1085.94 210.04 1975.0
ACCOUNT CODE 5701 5406 1126	QUANITY or UNITS	DESCRIPTION PUMP CHARGE	of SERVICES or Pl		1085. <b>**</b> 4.20	TOTAL 1085.94 210.04 1975.0
ACCOUNT CODE 5401 5406	QUANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenoseal @ /	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35	TOTAL 1085.94 210,04 1975.9 135.9
Provid ACCOUNT CODE 55401 5406 1126 1126	QUANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenoseal @ /	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75	TOTAL 1085.94 210,04 1975.9 135.9
ACCOUNT CODE 5701 5406 1126	QUANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenosoal @ / Ton Mileage	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35 M/C	TOTAL 1085.94 210,04 1975.94 135.94 368.94
Provid ACCOUNT CODE 5401 5406 1126 1126 11074 5407	QUANITY or UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenoseal @ /	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35	TOTAL 1085.94 210.04 1975.0 135.00 368.00
Provid ACCOUNT CODE 55401 5406 1126 1126	QUANITY OF UNITS QUANITY OF UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenosoal @ / Ton Mileage	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35 M/C	TOTAL 1085.94 210.04 1975.0 135.00 368.00
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Provid ACCOUNT CODE 5401 5406 1126 1126 11074 5407	QUANITY OF UNITS QUANITY OF UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenosoal @ / Ton Mileage	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35 M/C	TOTAL 1085.94 210.04 1975.0 135.00 368.00
Provid ACCOUNT CODE 5401 5406 1126 1126 11074 5407	QUANITY OF UNITS QUANITY OF UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenosoal @ / Ton Mileage	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35 M/C ,22	TOTAL 1085.94 210.04 1975.0 135.00 368.00 33.00
Provid ACCOUNT CODE 5401 5406 1126 1126 11074 5407	QUANITY OF UNITS QUANITY OF UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C (eme Phenosoal @ / Ton Mileage	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35 M/C ,22	TOTAL 1085.94 210,04 1975.94 135.94 368.94 33.00
Provid ACCOUNT CODE 5401 5406 1126 1126 11074 5407	QUANITY OF UNITS QUANITY OF UNITS	DESCRIPTION PUMP CHARGE MILEAGE O.W.C Cenne Phenoseal @ 1 Ton Mileage Gel Flush	of SERVICES or Pl ant M/SK	RODUCT	1085.00 4.20 19.75 1.35 M/C ,22	TOTAL 1085.94 210,04 1975.94 135.94 368.90 33.90

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.