

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1156301

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:	Sec TwpS. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
C C	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-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?
□ OG □ GSW □ Temp. A	bd. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
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	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:
SWD Permit #:	License #:
ENHR Permit #:	Quarter Sec Two S 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 Approved by: Date:

	Side Two	1156301
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 Sheets)		Yes No		-	n (Top), Depth and		Sample	
Samples Sent to Geolog	gical Survey	Yes No	Nar	ne		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	 Yes No Yes No Yes No 						
List All E. Logs Run:								
		CASIN		lew Used				
		Report all strings se	et-conductor, surface, in	termediate, producti	on, 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					ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	:e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed P	Producti	on, SWD or ENHF	₹.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)		
(If vented, Subr	nit ACO	-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	The Buckeye Corporation dba Aztec Oil Co. Division
Well Name	Lucas B 7
Doc ID	1156301

All Electric Logs Run

GRT
NT/ENT
DT
YT
Т
ST

Form	ACO1 - Well Completion
Operator	The Buckeye Corporation dba Aztec Oil Co. Division
Well Name	Lucas B 7
Doc ID	1156301

Tops

Name	Тор	Datum
Kansas City	2155	-749
Base Kansas City	2235	-829
Altamont	2358	-952
Cherokee	2490	-1084
Mississippi	2723	-1317
Kinderhook	2941	-1535
Siimpson	3016	-1610
Arbuckle	3086	-1630

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CONSOLIDA		<u> </u>	ĺ	LOCATION	180	
Gil Welt Services					meinte	en_
PO Box 684, Chanute, KS 66720	FIELD TICKET	& TREAT	MENT REP	ORT		
620-431-9210 or 800-467-8676	•	CEMEN		5-015-2	3973	
DATE CUSTOMER #	WELL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
4-9-13 1027	LUDAS B#-	1		283	65	Suff 15th
CUSTOMER / DO	1			· · · · · · · · · · · · · · · · · · ·	TRUCK#	DRIVER
Hatec U.			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS			603	Vett		
MAILING ADDRESS T.D. DOX 101D			441	percuytt		
CITY	STATE ZIP CODE		692	IRACey		 _
ELIOLADO	95 61042	ļ l	239	LARLY		141h
JOB TYPE TOOD B +	HOLE SIZE 718	HOLE DEPTH	3150	CASING SIZE & W		<u> </u>
	DRILL PIPE	TUBING	4.5	CEMENT LEFT in	OTHER	7-3-5
		WATER gal/sl		RATE Ja las	LASING	
DISPLACEMENT 76.37			$\frac{1}{0}$		NEKED I	15 .0.5
REMARKS: REIGED US	ndo dra Leg -	Broke	TRain			POLACED
Theck-set 7-816	+ Kol-sest + Ya k	$\frac{1}{2}$	Flusher	<u>Alempa</u>	Florid	
Plugueth 76.55	oble to loave phe	g pt 111		Revenad) F.O	
		1				
					<u> </u>	
·				······································		
						T

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ACCOUNT	QUANITY or UNITS		UNIT PRICE	TOTAL
5401.		PUMP CHARGE	1030.00	10300
		MILEAGE	4,00	60.00
5406	110	Feithe	, 22	140,80
5402				
1126A	175	sts Threek Set	19,20	3360.00
1110 A	1460	Lbs tot-scal	;46	644.00
1107	75	163 Poly plater	2.35	176,21
1123	3-5	Coty 12 detor	16.20	57,75
		Bulk De Procely	350.00	3.50.00
5407	- Va	SOVAC-	90,00	405.00
55020	<u> </u>	53 Rotaffing demo	005.00	805.D
- 2611 -		It AFUE lost shore	344,00	344.00
4159		It. LATCH dame Dlug	1540	25400
4454		55 Cempot Basket	229.00	229,00
4104		57 Centrel 2008	48,00	48,00
4130				
			1	200100
		Subternal		7303.80
1	•		SALES TAX	334.89
Rawn 3737		251962	ESTIMATED TOTAL	1638.69
	How Kile		DATE	

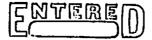
AUTHORIZTION ______ DATE______ DATE______ DATE_______ I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for



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TICKET NUMBER LOCATION 180 FOREMAN Jacob 38587

Stor

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676		20 FIELD TICK	ET & TREA	TMENT REP	ORT		
			CEMEN	T_APi	15-015-	-23973	~0 <i>0</i> ~d)
DATE	CUSTOMER #	WELL NAME & NU	IMBER	SECTION	TOWNSHIP	RANGE	COUNTY
-4-1-13	1027	Lucas B.	#=7	11	28	6E	Butter
CUSTOMER,	~ 1	-					
AZta	- 011		_Sa+#	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ISS		meany	623	Jeff		
Po	Box	020	18	681	Jerarmym		
CITY		STATE ZIP CODE	JAN	202	Jacob		
ElDor	ado	KS 6704	2 15				
JOB TYPE		HOLE SIZE 121/4	HOLE DEPTH	2.32	CASING SIZE & W	eight <u>8<i>5/ 8</i></u>	5
CASING DEPTH	212	DRILL PIPE	TUBING			OTHER	<u>.</u>
SLURRY WEIGH					CEMENT LEFT In		<u>L</u>
DISPLACEMENT	13.81	DISPLACEMENT PSI 400		20	RATE S bpm		
REMARKS: S	afty n	reating, Brea	the cu	ircalation	z mix	135 Sk	-s dasst
2% gel 3% cc 1/2 16 poly displace 13 bbl carculating							

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ACCOUNT				r <u> </u>
CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		TOTAL
54015		PUMP CHARGE	82.5.00	825.au
5406	15	MILEAGE	4,00	60,00
5407	1	min bulk delivery	350,00	350,00
11045	135		14,95	2018,25
1102	400	calcium chloride	,74	296.20
1107	75	calcium chloride poly - Flake gel	2,35	176.25
1118 B	250	ad	.21	52,50
		J	•	
			Subtotes	3778.00
0			SALES TAX	166.57
Aavin 3737		251452	ESTIMATED TOTAL	39449.51
AUTHORIZTION	Brug Ih-	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 WHIL Services, LLC
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TICKET NUMBER_	42896
LOCATION_180	

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

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020-401-3210	01 000-401-001	.	VEMEN				
DATE	CUSTOMER #	WELL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-13	1027	Lucas B7		10	28	6	Butter
CUSTOMER	<u></u>		25		宗王·福麗 爾加西		
Azter	011			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI	ESS		125	103	Jeff		
PO Bo	X 1020		50	S02	Jerild		
CITY	,	STATE ZIP CODE	Up	434	Jerandy M		
ElDora	do	KS 67042	000	702	Jacob		
JOB TYPE	ucer B	HOLE SIZE			CASING SIZE & V	VEIGHT.51/2_	
CASING DEPTH		DRILL PIPE	_TUBING <u>23</u>	18		OTHER	
SLURRY WEIGH	<u>n/416</u>	SLURRY VOL	WATER gai/s		CEMENT LEFT in		
DISPLACEMENT	r <u>13,64</u>		MIX PSI		RATE		
REMARKS: Safty meating Run packer to 2918, Set to Squeez							
perfs at 3016-3020 find Rate at 41/2 bpn 1250 ps: mix 25.5ks							
Elass A 2/cc displaced with 12 bbl staced for somin presherd to							
2000 pri shut in Job complete							
V							
			.				

ACCOUNT CODE	QUANITY or UNITS			TOTAL
5401 540C		PUMP CHARGE	1085.00	1085.00
5406	.30	MILEAGE	4,20	126.00
5407	1	Min bulk delivery	3(8.00	362.00
11045	75	class A	19.90	1177,50
102	160	calcium chloride	, 78	124.80
11045 1102 5502 c	4	80 Vac		360,00
4482		51/2 packer		1000,0001
			-	
	-		Subtotal	4241.30
			SALES TAX	141.36
Ravin 3737	<u>A</u>	861035	ESTIMATED TOTAL	4388.66
AUTHORIZTION	to fr	TITLE	DATE	

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