



KANSAS CORPORATION COMMISSION 1158602
OIL & GAS CONSERVATION DIVISION

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: _____



1158602

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
_____ 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 <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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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38642 X

LOCATION 180

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Apr 15-115-21451-02-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6-16-13	3090	Rogers #2	15	22	4	Marion																
CUSTOMER Drillers and producers			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>446</td> <td>Josh</td> <td></td> <td></td> </tr> <tr> <td>491</td> <td>Jeram/A</td> <td></td> <td></td> </tr> <tr> <td>702</td> <td>Jacob</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	446	Josh			491	Jeram/A			702	Jacob		
TRUCK #	DRIVER	TRUCK #					DRIVER															
446	Josh																					
491	Jeram/A																					
702	Jacob																					
MAILING ADDRESS P.O. Box 385																						
CITY Newton	STATE KS	ZIP CODE 67114																				

JB
JG
JA

JOB TYPE Logging 8 HOLE SIZE 778 HOLE DEPTH 2545 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2545 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15 lb SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 3PT shoe joint
 DISPLACEMENT 60.52 DISPLACEMENT PSI 1000 MIX PSI 300 RATE 6.86 bpm

REMARKS: Safety meeting. Run casing place centralizers on joints 1, 3, 5, 10, 15 and basket on joint 13, land pipe circulate on bottom for 45 min, pump 5 bbl water 500 gal Dr 1100 5 bbl water mix 150 sks thickset 5/8 kol-seal displace with 60.52 bbl water landing plug at 1500 psi check float float held Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	45	MILEAGE	4.20	189.00
5407	1	min bulk delivery	368.00	368.00
1126 A	150	Thickset	20.16	3024.00
1110 A	750	kol-Seal	.46	345.00
4136	5	Turbocentrizer 5/8	75.75	378.75
4104	1	5/2 Basket	240.00	240.00
4159	1	5/2 AFu Float Shoe	361.00	361.00
4454	1	5/2 L	266.75	266.75
1144 G	500	Dr 1100 (mud Flush)	1.10	550.00
4310	1	5/2 2 1/2 ft Shoe Joint and collar	120.00	120.00
			Subtotal	6907.50
			SALES TAX	412.21
			ESTIMATED TOTAL	7339.71

Ravin 3737

259893

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 42822 ✓

LOCATION 180

FOREMAN LARRY STORM

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

FIELD TICKET & TREATMENT REPORT

CEMENT API- 15-115-21451-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-12-13	3090	Argers #2	15	223	4E	MARION
CUSTOMER <u>Wellers & Producers</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 385</u>			DRIVER			
CITY <u>Newton</u>		STATE <u>Ks</u>	ZIP CODE <u>67114</u>		TRUCK #	
			DRIVER			

JOB TYPE <u>SURFACE B</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>223</u>	CASING SIZE & WEIGHT <u>8 5/8</u>
CASING DEPTH <u>221</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14.75</u>	SLURRY VOL <u>38</u>	WATER gal/sk	CEMENT LEFT in CASING <u>25 ft</u>
DISPLACEMENT <u>13.81</u>	DISPLACEMENT PSI <u>200</u>	MIX PSI <u>0</u>	RATE <u>5 bbls</u>

REMARKS: Broke Circulation - Mixed 140 sks Class A + 3% Cement + 2% 200 + 34 lb Poly - Displaced Total of 12 bbls - Cement Added At 4 bbls Displaced

Displaced 12 bbls

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	870.00	870.00
5406	29	MILEAGE	42.00	1218.00
11045	140	sks A	15.70	2198.00
1102	320	lbs CACH 2	.78	249.60
1118B	300	lbs Gel	.22	66.00
1107	100	lbs Poly	2.47	247.00
4106	1	8 5/8 Cement Basket	336.00	336.00
5407	1	Bulk Delivery	368.00	368.00
		<u>Subtotal</u>		<u>4456.40</u>
			SALES TAX	<u>211.53</u>
			ESTIMATED TOTAL	<u>4667.94</u>

Flavin 3737

AUTHORIZATION [Signature]

TITLE 259122

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.