

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1159374

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	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 III Approved by: Date:

	Side Two	1159374
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	Datum
Samples Sent to Geolog	gical Survey	Yes No	Nam	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes □ No  Yes □ No  Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, 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					e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENHF	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC	)-18.)		Other (Specify)						

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

## HAT DRILLING 12371 KS HWY 7 MOUND CITY, KS 66056 LICENSE # 33734

## Mosher #B-51 API # 15-121-29468-00-00 SPUD DATE 07-10-13

Footage	Formation	Thickness	Set 20' of 7" w/ 3sx
2	Topsoil	2	TD 768'
12	clay	10	Ran 764' of 2 7/8 on 07-11-13
13	sand stone	1	
26	lime	13	
31	shale	5	
43	lime	12	
46	shale	3	
66	lime	20	
95	shale	29	
112	lime	17	
194	shale	82	
216	lime	22	
245	shale	29	
252	lime	7	
307	shale	55	
335	lime	28	
344	shale	9	
366	lime	22	
374	shale	8	
380	lime	6	
551	' shale	171	
557	lime	6	
608	shale	51	
613	lime	5	
664	shale	51	
666	mulky shale	2	
670	mulky shale/sand	4	little bleed, little odor
673	shale	3	no oil
676	oil sand	3	core 666 – 683,673-676 75% sand, 25% shale little bleed
768	shale	92	676 shale no oil

Perf 672 – 676 per Clay 670.25 seat nipple set

CONSOLIDAT Oil Well Services,	LLC Consolidated Oil Well S Dept. 970 P.O. Box 43	<b>REMIT TO</b> Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346		III 10         P.O           Well Services, LLC         Chanute, I           t. 970         620/431-9210 • 1-800/           pox 4346         Fax 620/4		AIN OFFICE P.O. Box 884 e, KS 66720 00/467-8676 20/431-0012
INVOICE			Invoice #			
Invoice Date: 07/16/20	13 Terms: 0/0/30,n/30		=================== Pa	ge 1		
BLUE DIAMOND HOLDI P.O. BOX 128 WELLSVILLE KS 6609 ( ) -	92 1- 07	OSHER B-51 2170 -16-21 7-15-2013 KS				
1124     50,       1118B     PRI       1111     SOI       1110A     KOI	scription /50 POZ CEMENT MIX EMIUM GEL / BENTONITE DIUM CHLORIDE (GRANULA L SEAL (50# BAG) L/2" RUBBER PLUG	120.00 302.00 232.00 600.00	101. 2000.00 - 2000.2000.000	Total 1380.00 66.44 90.48 276.00 29.50		
Description 369 80 BBL VACUUM TRUC 495 CEMENT PUMP 495 EQUIPMENT MILEAGE 495 CASING FOOTAGE 510 MIN. BULK DELIVERY	(ONE WAY)	Hours 1.50 1.00 20.00 763.00 .50	4.20	Total 135.00 1085.00 84.00 .00 184.00		

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Parts: 1842.42 Freight: .00 Tax: 136.34 AR 3466.76 Labor: .00 Misc: .00 Total: 3466.76 Sublt: .00 Supplies: .00 .00 Change: ========================

Signed Date BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-8822 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914 CUSHING, OK 918/225-2650



260563

TICKET NUMBER 42170

LOCATION O Hawa KS

FOREMAN Fred Ma

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

### FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUN	IBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7.15.13	11.33	mosher # B	.51	NW (	14	21	Mi	
CUSTOMER								
<u> </u>	<u>se Dian</u>	aona Haldings	_	TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRE	ESS	. 0		7/2	FreMad			
	Bar 128	7	_	79.5	Kei Car			
CITY		STATE ZIP CODE		369	Dermas			
Wells	ville	KS 66092		510	Dombet			
JOB TYPE La	ngstring	HOLE SIZE 5 4	HOLE DEPTH	268	CASING SIZE & W	EIGHT		
CASING DEPTH	763	DRILL PIPE Baffle D	-TUBING	233		OTHER		
SLURRY WEIGH	IT	SLURRY VOL	WATER gal/sk		CEMENT LEFT in C	CASING		
DISPLACEMENT	Γ	DISPLACEMENT PSI	MIX PSI		RATE			
REMARKS: 14	old area	meeting - We	et has b	een Floc	une out a	Lunullus	sinco	
7/11/13	3. Estab	lich circulation	on. Mixx	Pump 1	00 the feel F	lush. M	ivr	
pin	A 120 S	545 50/50 Por	Mix C+	ement 2	To Cuel 5%	Salt 5 6	Kal	
Seal	JSK. Ce	ment to surf	ace, Flu	sh pum	o + Imes	alean.		
Dis								
Role	ase pre	ssum to set	float J.	alue. ish	whom co	ÈNU K		
Ann	ullus Val	lues.						

Ha	& Drilling.	Ful Mad	lu	
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE 49	7	108500
5406	20mi	MILEAGE		8400
5402	763'	Casing Footoge		NIC
5407	1/2 mininum	Ton Miles 51	נ	18400
55020	12hr	FOBAL Vac Truck. 36	r	/3500
1124	120514	50/50 Por Milx Coment		138000
1118B	302#	Premium Gol		6644
1111	232+	Granulated Salt		90 48
1110A	600#	Kol Spal		27600
4402		21/2 Rubber Plus		2950
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			amplatad	1, .
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				<b>Α</b> ε,
		7.49		
Ravin 3737		1	SALES TAX ESTIMATED	13634
	- 11		TOTAL	346620

AUTHORIZTION BUT MILLS TITLE DATE DATE DATE 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