

Kansas Corporation Commission Oil & Gas Conservation Division

1159603

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:	SecTwpS. R
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: ()	□NE □NW □SE □SW
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 ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
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: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date 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



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Ca Set (In C	sing	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Depth Top Bottom Type of Ce — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		ement	# Sacks	Used		Type and	Percent Additives			
Shots Per Foot PERFORATION RECORD - Bridge Plug- Specify Footage of Each Interval Perf			s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth	
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			



REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346

Houston, TX 77210-4346

MAIN OFFICE P.O. Box 884 Chanute, KS 66720 620/431-9210 • 1-800/467-8676 Fax 620/431-0012

INVOICE Invoice # 262099

Invoice Date: 09/11/2013 Terms: 0/0/30,n/30 Page 1

VEENKER RESOURCES, INC. P.O. BOX 14339 OKLAHOMA CITY, OK 73113 (405)751-1414

MEDCALF 15-A 42438 NW 7-24-22 09-04-2013 KS

RECEIVED SEP 1 6 2013

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Part Number	Description		Unit Price	Total
1126	OIL WELL CEMENT	90.00	19.7500	1777.50
1118B	PREMIUM GEL / BENTONITE	100.00	.2200	22.00
1110A	KOL SEAL (50# BAG)	450.00	.4600	207.00
Description 495 CEMENT PUMP 495 EQUIPMENT MILE	AGE (ONE WAY)	Hours 1.00 .00	Unit Price 1085.00 4.20	Total 1085.00 .00
495 CASING FOOTAGE		725.00	.00	.00
503 TON MILEAGE DE	LIVERY	267.30	1.41	376.89
T-106 WATER TRANSPOR	T (CEMENT)	1.50	120.00	180.00

 Parts:
 2006.50 Freight:
 .00 Tax:
 143.46 AR

 Labor:
 .00 Misc:
 .00 Total:
 3791.85

 Sublt:
 .00 Supplies:
 .00 Change:
 .00

 3791.85

Date Signed

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



TICKET NUMBER LOCATION Ottawa FOREMAN Fred Ma

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

FIELD TICKET & TREATMENT REPORT **CEMENT**

ASTOP Medalf 45.4 NW 7 24 22 BB BY VEEN KLIF RESERVES FACE WEEN KLIF RESERVES FACE WILLIAM DORRES TRUCK B DRIVER TRUCK B DRIVER 17.2 Fre Mad 17.3 Fre									
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THORIZTION DATE TITLE DATE	UTHORIZTION_	Hale	an	low					3 141

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.