

Kansas Corporation Commission Oil & Gas Conservation Division

1159610

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:	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 SWD 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?
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 #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:

Side Two



Operator Name:				Lease I	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	":					
INSTRUCTIONS: Shitime tool open and clorecovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes	☐ No			og Formatio	n (Top), Depth ar	nd Datum	;	Sample
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No							
List All E. Logs Run:										
		Report a		RECORD	Ne	w Used	ion, etc.			
Purpose of String	Size Hole Drilled	Size C Set (In		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives
			ADDITIONAL	CEMENTII	NG / SQL	 EEZE RECORD				
Purpose:	Depth	Type of (# Sacks		LEZE RECORD	Type and I	Percent Additives		
Perforate Protect Casing	Top Bottom	71								
Plug Back TD Plug Off Zone										
Flug On Zone										
	PERFORATI	ON RECORD	- Bridge Plug	s Set/Type		Acid, Fra	cture, Shot, Cemen	t Saueeze Recor	d	
Shots Per Foot	Specify	Footage of Eac	h Interval Perf	forated			mount and Kind of Ma			Depth
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAL:
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)			



REMIT TO

Consolidated Oil Well Services, LLC Dept. 970

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

MAIN OFFICE

P.O. Box 4346 Houston, TX 77210-4346

INVOICE Invoice # 262097 _______ Page 1 Invoice Date: 09/11/2013 Terms: 0/0/30,n/30

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

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022

MEDCALF 34-A 42437 NW 7-24-22 09-04-2013 KS

RECEIVED SEP 1 6 2013

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Part 1	Number	Description	Qty	Unit Price	Total
1126		OIL WELL CEMENT	90.00	19.7500	1777.50
1118B		PREMIUM GEL / BENTO	ONITE 100.00	.2200	22.00
1110A		KOL SEAL (50# BAG)	450.00	.4600	207.00
	Description		Hours	Unit Price	Total
495	CEMENT PUMP		1.00	1085.00	1085.00
495	EQUIPMENT MILE	AGE (ONE WAY)	55.00	4.20	231.00
495	CASING FOOTAGE		724.00	.00	.00
503	TON MILEAGE DE	LIVERY	267.30	1.41	376.89
T-106	WATER TRANSPORT	r (CEMENT)	1.50	120.00	180.00

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Parts: Labor: Sublt:	.00	Freight: Misc: Supplies:	.00	Tax: Total: Change:	143.46 4022.85 .00	AR	4022.85
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Signed					Da	ate	

OAKLEY, KS OTTAWA, KS 785/672-8822 785/242-4044

THAYER, KS 620/839-5269

GILLETTE, WY 307/686-4914

EUREKA, KS PONCA CITY, OK 580/762-2303



262097

LOCATION OF LOCATION OF LOCATION OF LOCATION Fred Mader

DATE

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

FIELD TICKET & TREATMENT REPORT CEMENT

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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 fo