

## Kansas Corporation Commission Oil & Gas Conservation Division

1159648

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 🔲 East 🗌 West				
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?				
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 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:				
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:				
Spud Date or 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 I II Approved by: Date:						

Side Two



Operator Name:			Lease Name	e:			Well #:	
Sec Twp	S. R	East West	County:					
time tool open and clor recovery, and flow rate	sed, flowing and shut-	base of formations per in pressures, whether s i, along with final chart( vell site report.	hut-in pressure	reached sta	atic level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log Formation (Top), De			d Datum	Sample
Samples Sent to Geological Survey		1	Name			Тор	Datum	
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy	d Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
		CASING Report all strings set-	RECORD		Used te. production	on, etc.		
Purpose of String	Size Hole	Size Casing	Weight	Se	etting	Type of Cement	# Sacks	Type and Percent Additives
	Drilled	Set (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
		ADDITIONAL	CEMENTING /	SQUEEZE I	RECORD			
Purpose: Depth Top Bottom		Type of Cement # Sacks		Used Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Shots Per Foot	PERFORATIOI Specify Fo	s Set/Type forated	t/Type Acid, Fracture, Shot, C ed (Amount and Kin			Cement Squeeze Record d of Material Used)  Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner	Dun:			
TOBING RECORD.	Size.	Get At.	racket At.	Linei	_	Yes No		
Date of First, Resumed	Production, SWD or ENH	R. Producing Met	hod:	Gas Lift	t 🗌 0	ther (Explain)		
Estimated Production Per 24 Hours	Oil Bi	ols. Gas	Mcf	Water	Bk	ols. (	Gas-Oil Ratio	Gravity
DISPOSITIO			METHOD OF CO.	ADI ETIONI			DRODUCTIO	MINITEDVAL.
Vented Sold	ON OF GAS:  Used on Lease	Open Hole	METHOD OF COM	ually Comp.	Com	nmingled	FRUDUCIIC	N INTERVAL:
(If vented, Sub		Other (Specify)		bmit ACO-5)		nit ACO-4)		

## QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665 No. 7509

and emission of Parallel Manager	Sec.	Twp.	Range	(	County	State	On Location	Finish		
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Lease WalZ			Well No. #/	begrigo	Owner	more than Dave to	ada	etek eli sek ede		
Contractor South ward	#8	of Vilan	E DE SONE	P STOR LA	You are here	ilwell Cementing, Inc.	cementing equipment	and furnish		
Type Job Sur (oce			You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Hole Size / 2	6 10 2	T.D. 2641			Charge Joseph O.1					
Csg. 95/4		Depth	264	183 (40)	Street	METALON CONTRACTOR		CLASSITYTYA		
Tbg. Size	1 10000	Depth			City					
Tool	P 85 8	Depth	e di condon de la	Science In	The above wa	as done to satisfaction ar	nd supervision of owner	agent or contractor.		
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Mouse Hole		MIE SOL		1000	Kol-Seal Colored					
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Baskets		. ansala			CFL-117 or CD110 CAF 38					
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Stormark Commission (Store)					Handling	58	No. of the second second second			
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