

Kansas Corporation Commission Oil & Gas Conservation Division

160072

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: 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 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: She time tool open and clo recovery, 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 Yes No (Attach Additional Sheets)						og Formatio	Formation (Top), Depth and 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	on, etc.				
Purpose of String	Size Hole Drilled			Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives	
			ADDITIONAL	CEMENTII	NG / SQL	EEZE RECORD					
Purpose: Depth Type of Cement					# Sacks Used Type and 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 PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo		forated	ated (Amount and Kin			nd of Material Used)					
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	VAI ·	
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled				
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)				



262576

LOCATION Of Tausa FOREMAN Alan Mada

Box 884, Che	IIII III III III OO MO	ELD TICKET & TREA	TMENT REPO	ORT		
	800-467-8676 CUSTOMER# WE	ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	7207	1400 104	11W 33	16	25	Mi
19r(3)	78 23 Kosers	777/4243	2. 计平均规模		TRUCK#	DRIVER
Town	0:1		TRUCK#	DRIVER	TROCK#	DIQVER
LING ADDRES	3		516	Man	-	
16205	W287		368	17/1/1/20		
Y_	STATE	ZIP CODE	673	(a) Time		
Papla	K5	66701	3/0	CASING SIZE & V	FIGHT 2 2	18
TYPE DU	GSTING HOLE SIZE_	TO/8 HOLE DEPT	н <u>500</u>	Casing Size of P	OTHER PLA	
ING DEPTH_	500 DRILL PIPE	TUBING		CEMENT LEFT In		5
RRY WEIGHT	SLURRY VO	WATER gall		116	10000000000000000000000000000000000000	
PLACEMENT,		1	200	RATE 7.0	all de	14000
MARKS: He	oked to cas	las. Establis	ned Kal	e /VIIX	Alia E	202
00#5	- the second of the second of the second	by 6/5K	50/90	PIMPIAT	p Pum	00/
el C	culated	comente	Hyshed	205 061		co
Mus 1	DEGGCAL	W. Well	1610- 0	111101		
14/460					<u>,</u> , <u></u> ,	
					1 100	NAMES V. LOND
705	Wes		A	- 1 2, 2/1/	100	
				JW/V		
CCOUNT	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
CODE	/	PUMP CHARGE		368_	110	10850
1000		MILEAGE		<u> 368</u>		
7100	500'	rasive for	A100	<u> 363</u>		
	Va.min	You miles	٠- حين	510		18400
70 /	100	80 406		675		13500
T026						
						770.5
124	67		ment			
186	213	gel			 	29.50
1402	1	27/20/40				14750
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					SALES TAX	102.67
1	<u>'.</u>					
0737	NO COMP	any vep.			ESTIMATED TOTAL	07.4 -

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.