

Kansas Corporation Commission Oil & Gas Conservation Division

1160116

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 (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	on, etc.			
Purpose of String	Size Hole Drilled			Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTII	NG / SQL	EEZE RECORD				
Purpose:	Depth	Type of (# 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	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	VAI ·
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled			
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)			



262655

TICKET NUMBER 424 LOCATION OHAWA, KS FOREMAN Casey Keunea

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	GUSTOMER#	WELL NA	ME & NUMI	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9/24/13	7823	Workhay	e#5	OO	2	20	33	LN
CUSTOMER	_				TRUCK#	BDIVED	TDUOK #	
MAILING ADDRE	<u>0:1 Co.</u>			1	481	DRIVER	TRUCK#	DRIVER
	5 W 287	94			lele Ce	Casken	V Safety 1	407/g
CITY		STATE ZIF	CODE	1	503	Dan Dot	~	
Paola	•	Ks 0	14001		675	RODOW MIK	Hoa w	
JOB TYPE LOU	cotton	HOLE SIZE 5	578"	HOLE DEPT	H_700'	CASING SIZE & V	VEIGHT 27/	"EVE
CASING DEPTH	670'	DRILL PIPE		TUBING_	affle - loy		OTHER	(
SLURRY WEIGH	T	SLURRY VOL		WATER gal/	sk	CEMENT LEFT In	CASING 29 '	
DISPLACEMENT	3.71 3/15	DISPLACEMENT P	31	MIX PSI	· · · · · · · · · · · · · · · · · · ·	RATE 4.5 50	m	
REMARKS: 100	ld satety,	necting est	<u>ablish e</u>	d circu	dation mi	real + pun	ped 100 #	Premium
Od tollow	red by 1	ble fres	h water	2-Mix	ed to sun	ad 94	Sts 5950	Poznik
coment.	y 2/20	gol per sk	come	ut 40	SUCTOCE.	flushed as	mp clean	, surroad
21/2" 10 (4	Liber dun	to battle	<u>'3: /ين</u>	71 Hols	tred und	a pression	ed to 800	124
relaxed o	resure	shut in a	<u> </u>	·,,,		· I		
γ						()	10	
						1 21		
						<u> </u>		

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	40 mi	MILEAGE		168,00
5402	670'	asing tootage		,
5407	Minimum	ton nileage		368.00
5502c	2 hs	80 Vac		180.001
1124	94 sks	9/50 POZNix rement		1081.00
1/183	258 #	Fremium Gel	* .	56.76
41402		Premium Gel 21/2" subber plug		28.50
			,	
	· · · · · · · · · · · · · · · · · · ·		annalala	
		¥		4
		4.15%	SALES TAX	71.78
n 9737	U / P		ESTIMATED TOTAL	3040.04
JTHORIZTION	Vo Co. Rep. on 1	ocition TITLE	DATE	

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 for