



KANSAS CORPORATION COMMISSION 1160166
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

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: _____



1160166

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	-----------	---------	-------------	---------------	---------

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 43618

LOCATION 180

FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-155-21664-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/27/13		Carmichael A #4SWD	10	24	4	Reno
CUSTOMER Kantor oil co.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 15 W 6 th St Ste 2601			446	Josh G		
CITY Tulsa			491	Jeremy M		
STATE OK			471	Jeff S		
ZIP CODE 74119						

JOB TYPE Surface B HOLE SIZE 17 1/2 HOLE DEPTH 307 CASING SIZE & WEIGHT _____
 CASING DEPTH 307.32 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL 61.76 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 44.0 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting, broke circ, Pumped 255 SKS C1955 A 3% Calcium
2% gel 1/2 lb Poly displaced with 44 bbls fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	58	MILEAGE	4.20	243.60
5407A	58 miles	Ton Mileage Delivery	1.41	981.36
11045	2555 SKS	C1955A cement	15.70	4003.50
1102	768 lbs	Calcium chloride	78.42	5970.20
1118A	510 lbs	Gel	.22	112.20
1107	125 lbs	Polyflake	2.47	308.75
			Subtotal	6996.97
			SALES TAX	
			ESTIMATED TOTAL	

Ravin 3737

AUTHORIZATION [Signature]

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 form.



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 43889

LOCATION 180

FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT

CEMENT

Ap: 15 - 155-21669-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-7-13	4453	carmichael A4 Snd	10	24S	4w	Renos

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Kantor oil company Mailing Address 15 W 6th St Ste 2101 City Tulsa	103	Jeremy A		
	181	Mark		
	702	Jacob		

JOB TYPE Long string B HOLE SIZE 8 3/4 HOLE DEPTH 4510 CASING SIZE & WEIGHT 7" 2316
 CASING DEPTH 3906 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 1416 SLURRY VOL 72 bbls WATER gal/sk 6.43 CEMENT LEFT in CASING 14ft shoe joint?
 DISPLACEMENT 153.90 DISPLACEMENT PSI 975 MIX PSI 200 RATE 6.6 BBL

REMARKS: Safety meeting, circulated on Bottom for 45min pump 5bbl w/ 500 gal Dv1100, 5bbl water, open shoe, drop second ball, proceed with cementing mix 200 lbs 60/40 4/16 2/16 SX kol-seal displaced with 50 bbl plug did not land check float float not holding shut in head job complete plug Bat Hbk with 25 sks 60/40 and mouse hole with 25 sks 60/40

Duhoe 225 hrs - CHARGED For 10 hrs - Cut waiting for half of

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1395.00	1395.00
5406	50	MILEAGE	4.20	210.00
5407A	50	X P.S ton mileage	1.45	740.25
5402	2400	footage	.23	552.00
1131	250	60/40 p2	13.18	3295.00
1118B	1000	gel	.22	220.00
1102	400	calcium chloride	.78	312.00
110A	12.50	kol-seal	.46	575.00
4131	8	7" weatford centralizer	72.50	580.00
4107	4	7" Baskets	336.00	1344.00
4258	1	7" packer shoe	1811.25	1811.25
4306	2	Baker hook	65.00	130.00
4455	1	2" latch down plug	325.50	325.50
1144	500	Dv1100	1.10	550.00
5404	10	stand by X 3 men X 90.00	270.00	2700.00
		Subtotal		14740.00

SALES TAX ESTIMATED TOTAL _____
 AUTHORIZATION [Signature] 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