

Kansas Corporation Commission Oil & Gas Conservation Division

1160443

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: 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 ☐ SHOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: Quarter Sec Twp S. R
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 Approved by: Date:

Side Two



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(s well site report.	hut-in pressure read	ched static level,	hydrostatic press	ures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		og Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti		T 2 .	
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 / SQL	JEEZE RECORD	I	1	
Purpose: Depth Top Bottom Type of Cemer — Perforate — Protect Casing — Plug Back TD — Plug Back TD		Type of Cement	# Sacks Used		Type and P	ercent Additives	
Plug Off Zone							
Shots Per Foot		DN RECORD - Bridge Plug Footage of Each Interval Perl			cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil I	Bbls. Gas	Mcf Wate	er Bl	ols. G	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:	N.	METHOD OF COMPLE	ETION:		PRODUCTIO	DN INTERVAL:
Vented Solo	d Used on Lease	Open Hole	Perf. Dually		nmingled mit ACO-4)		
(If vented, Su	bmit ACO-18.)	Othor (Specify)	(Submit)	100-0) (SUDI	IIII ACO-4)		





43400 TICKET NUMBER LOCATION FUCKE
FOREMAN REL Leifer A

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
7-25-13	5321	Hendricks # 4				Allen	
CUSTOMER						10.00	17-41-61
	ack Mc fac	lden		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	RESS			520	Chris B.		
P.0	5. Box 394			479	Colby		
CITY		STATE ZIP CODE					
工。	la	KS					
	15 0	HOLE SIZE 63/4°	HOLE DEPTH	970'	CASING SIZE & W	EIGHT 41/2'	,
CASING DEPTH	H 950'	DRILL PIPE				OTHER	
SLURRY WEIG	HT_/3,64	SLURRY VOL 31 861	WATER gal/sk	2.0	CEMENT LEFT in		
DISPLACEMEN	IT 15 14 BW	DISPLACEMENT PSI 560	REX PSI / MI	Burgalyo	RATE		
REMARKS: S	safety meeti	ng - Rig up to 41/2"	CANOS.	Brown eve	detien 4/1	8 Asi Rest	uete.
Pump 300	# gel-flush	, 5 Bb) water speece	786	de votes.	Mixed 120	345 60/4	10 Poznia
cement L	-1 400 ml	2% cache + 1 hoheman	WE 13	364/90) 1	what and of	had solo	es also
Displace	W 1544 B	of fash water. Fine) Dung Or	ssure 500	BI. Bune ale	0 to 1000	BI
release one	save float	+ plug held. Cond	cened N	eturns to	surface = 1	ALL alue	. to 013
Job com	olete. Rig d.	ewr.			10	Jean SINIA	Supit.
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		· Then	- 1, 4				

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.60
5406	50	MILEAGE	4.20	210.00
1131	120 SES	Golyo Parnix rement	13.18	1581.60
11186	415M	401 901	.22	91.30
1102	205*	276 Cace2	.78	159.90
IIOA	120#	1 * pherascel/su	135	162.00
1112/3	300#	gel-flist	.22	66.00
5407	5.16	to milesse bulk +/2	m/c	368.00
4404		4 // top wheep he	47.25	47.25
			Subtatel	3771.05
vin 3737	^	7.4%	SALES TAX	156.00
FIII 07 37		9(99)	ESTIMATED TOTAL	392705
UTHORIZTION	X	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.