



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1160738  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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
- Plug Back  Conv. to GSW  Conv. to Producer
- Commingled Permit #: \_\_\_\_\_
- Dual Completion Permit #: \_\_\_\_\_
- SWD Permit #: \_\_\_\_\_
- ENHR Permit #: \_\_\_\_\_
- GSW Permit #: \_\_\_\_\_

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

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical 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

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1160738

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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

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				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Thomas E. Wright, Commissioner  
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

September 30, 2013

Terry Bayliss  
Arbuckle Energy Inc.  
2914 ALOMA ST  
WICHITA, KS 67211

Re: ACO1  
API 15-115-21448-00-00  
Novak HSB 1 Well  
NE/4 Sec.32-17S-04E  
Marion County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Terry Bayliss



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 42813

LOCATION Fluxus

FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-115-21448

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-20-13	1070	Navax #1HSB	32	173	4E	Marion
CUSTOMER <u>Arbuckle Energy Inc.</u>			TRUCK #		DRIVER	
MAILING ADDRESS <u>300 W. Douglas stc 305</u>			520		John	
CITY <u>Wichita</u>			611		Joey	
STATE <u>KS</u>			83		Alan G. (MGM TRK)	
ZIP CODE <u>67202</u>						

JOB TYPE L/S 0 HOLE SIZE 7 7/8" HOLE DEPTH 2251' CASING SIZE & WEIGHT 5 1/2"  
 CASING DEPTH 2746 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6\* SLURRY VOL 4: Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 65.4 DISPLACEMENT PSI 700 ~~TRK~~ PSI 1200 Comp plus RATE \_\_\_\_\_

REMARKS: Safety meeting. Rig up to 5 1/2" casing. Pump 15 Bbl water ahead. Mixed 125  
sks thickest cement w/ 5" Kol-seal/xx + 1" phenoseal/xx @ 13.6\*/gal. yield 1.85. shut down,  
washed pump + lines. release latch down plug. Displace w/ 65.4 Bbl fresh water. Final pump  
pressure 700 PSI. Pump plug to 1200 PSI. release pressure, float + plug held. Good circulation @  
all times while cementing. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5806	50	MILEAGE	4.20	210.00
1126A	125 sks	thickest cement	20.16	2520.00
1110A	625"	5" Kol-seal/xx	.46	287.50
1107A	125"	1" phenoseal/xx	1.35	168.75
5407A	6.87	tax mileage bill tax	1.41	484.34
5502C	6 hrs	80 Bbl var. TRK	90.00	540.00
1123	3000 gals	city water	17.30/1000	51.90
4104	1	5 1/2" cement basket	240.00	240.00
4130	3	5 1/2" x 7 7/8" centralizers	50.50	151.50
4159	1	5 1/2" AFD float shoe	361.00	361.00
4454	1	5 1/2" latch down plug	266.25	266.25
			subtotal	6366.71
			SALES TAX 7.8%	315.71
			ESTIMATED TOTAL	6682.45

Revin 3737

AUTHORIZATION *[Signature]*

TITLE Consultant

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

**ENTERED**

TICKET NUMBER 41588

LOCATION Eureka KS

FOREMAN Shannon Feck

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

API # 15-115-21478

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-13	1070	Noviak # 1				Marion
CUSTOMER Arbuckle Energy Inc						
MAILING ADDRESS 300 W. Douglas Ste # 305						
CITY Wichita		STATE KS	ZIP CODE 67202			
TRUCK #		DRIVER		TRUCK #		DRIVER
445		Dave G				
479		Colby N				
83		Alan G		McCoy Trucking		80 Bbl

JOB TYPE SP HOLE SIZE 11 1/4" HOLE DEPTH 215' CASING SIZE & WEIGHT 8 5/8"  
 CASING DEPTH 214' 6.2 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5-15# SLURRY VOL 17 Bbl WATER gal/sk 6.40 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 12.6 Bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5.89pm

REMARKS: Safety meeting, rig up to 8 5/8" casing, Break circulation pump 5 Bbl dye H2O, mixed 5 SKS Class "A" cement with 3% calcium, 2% gel & 1/4# Flocele/sk @ 14.5-15 #/gal. Displace w/ 12.6 Bbl H2O & shut casing in. Good circulation @ all times, 7 Bbl slurry to pit Job complete.

"  
Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	50	MILEAGE	4.20	210.00
11045	80 SKS	Class "A" cement	15.70	1256.00
1102	230#	Calcium @ 3%	.78	179.40
1118B	155#	gel @ 2%	.22	34.10
1107	20#	Flocele @ 1/4 #/sk	2.47	49.40
5407	3.76 Tons	Ton mileage bulk Truck	m/c	368.00
5502C	4 1/2 Hours	80 Bbl Val. Truck # 83 McCoy Trucking	90.00	405.00
1123	3300 gal	city H2O		57.09
			Sub Total	3428.99
			7.8% SALES TAX	122.92
			ESTIMATED TOTAL	3551.91

259003

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.