



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1162508
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: _____

1162508

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 <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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, L.L.C.

ENTERED

TICKET NUMBER 43570
LOCATION Fiveco
FOREMAN Rick Lodford

1884, Chanute, KS 66720
78210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-169-20349

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13	2921	Roger Johnson #3	31	163	34	Saline
OPERATOR Casebeer Inc. 909 N. High Drive M'Pherson, MO 64460		C&C Dr 19	TRUCK # DRIVER TRUCK # DRIVER 57 Chris B 515 Colby D			
TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Conductor	12 1/2"	196' MS	13 3/8" new			
DEPTH	DRILL PIPE	TUBING	OTHER			
125' G.L.						
WEIGHT	SLURRY VOL	WATER gal/ft	CEMENT LEFT in CASING			
15"	31 Bbl	6.5	10'			
CEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
19 Bbl						

REMARKS: Safety meeting - Rig up to 13 3/8" conductor pipe. Break circulation w/ 10 Bbl water. Mud 130 sacks class A cement w/ 3% casing, 2% gel + 1/2" flocculant @ 15#/gal. Displace 19 Bbl water. Shut casing in w/ good cement returns to surface = 12 Bbl slurry to pit. Job complete.

Thank You

COUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
015	1	PUMP CHARGE	870.00	870.00 ✓
06	100	MILEAGE	4.20	420.00 ✓
45	130 sacks	class A cement	15.76	2049.00 ✓
02	365'	3 3/8" casing	.77	284.20 ✓
18A	245'	2 7/8" gel	.22	53.90 ✓
07	65'	1/2" flocculant	2.47	160.55 ✓
102A	6.00	ten mileage built tax	1.41	841.51 ✓
			Subtotal	4691.66 ✓
			SALES TAX 2.15%	101.62 ✓
			ESTIMATED TOTAL	4873.28 ✓

737 AUTHORIZATION TITLE DATE

knowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's current records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-169-20349

Chanute, KS 66720
210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-13	2921	Roger Johnson #3	31	165	3W	Saline
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Casebeer Inc.			57	Chris B.		
MAILING ADDRESS			515	Colby		
909 N. High Drive						
CITY	STATE	ZIP CODE				
M'pherson	Ks	67460				

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 434' CASING SIZE & WEIGHT 8 5/8" 23#^{new}
 CASING DEPTH 424' c.l. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15" SLURRY VOL _____ WATER gal/sk 4.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 26 1/2 gal DISPLACEMENT PSI 300 MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 8 5/8" casing. Mixed 125 sacks class A cement w/ 370
sack, 270 gal + 1/2" flocc/1sk @ 15" gal. Shut down, release 8 5/8" wear plug. Displace w/
26 1/2 gal fresh water. Shut casing in @ 300 PSI. No circulation during cement procedure. Run
1" pipe to 165' tagged cement. Mixed 75 sacks class A cement w/ 370 sack, 270 gal + 1/2" flocc/1sk
@ 15" gal. pull 1" out, well stayed full. Job complete. Rig down.

.. Thank You ..

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	920.00	920.00 ✓
5406	0	MILEAGE left truck on location	n/c	n/c ✓
11473	250 sacks	class A cement	15.20	3925.00 ✓
1102	705'	370 sack	.78	549.90 ✓
11186	470"	270 gal	.22	103.40 ✓
1107	125"	1/2" flocc/1sk	2.47	308.75 ✓
5407A	11.75	ten mileage back truck	1.41	1656.75 ✓
4310	1	Rental on 1" tubing, elevators + wash head	150.00	150.00 ✓
4106	2	8 5/8" cement baskets	336.00	672.00 ✓
			Subtotal	9235.80
			SALES TAX	408.21 ✓
			ESTIMATED TOTAL	9644.01 ✓

AUTHORIZATION Alan C. Cook TITLE sample catcher 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.

UPDATED
Services, LLC

ENTERED

TICKET NUMBER 45020
LOCATION Eureka
FOREMAN Steve Mead

FIELD TICKET & TREATMENT REPORT

10-7-13
10-7-13
ER
Shear Inc
909 N High Dr.
McPherson
Ks
67460

CEMENT APT 15-169-20349

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2921	Roger Johnson #3	31	16S	3E	Saline
TRUCK #	DRIVER	TRUCK #	DRIVER		
485	Alan M				
513	Colby				

JOB TYPE 1/5 5 HOLE SIZE 7 7/8 HOLE DEPTH 3452' CASING SIZE & WEIGHT 4 1/2 1165*
 CASING DEPTH 3449' DRILL PIPE TUBING OTHER
 SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING
 DISPLACEMENT 5 1/2 DISPLACEMENT PSI 800* Pump plug 1300* RATE
 REMARKS: Safety meeting. Rig up to 4 1/2 casing. Break Circulation w/ 5 bbls
Fresh water. Mix 100# Caustic Soda Pre Flush. 10 bbls water spacer. Mix
190#s Thick set Cement w/ 5# Kol-Seal + 1# phenoseal per/sk. Wash out pump
lines. Shut down. Release plug. Displace w/ 5 1/2 bbls Fresh water. Final
Pumping Pressure 800* Pump plug 1300*. Wait 2 min Release Pressure
Plug held. Good Circulation During Job.
Job Complete Rig down

6 Centralizer 1,3,5,7,9,11
Basket gn #18
Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1085.00	1085.00
5406	100	MILEAGE	4.20	420.00
1126A	190#s	Thick set Cement	20.16	3830.40
1110A	950*	Kol seal 5# per/sk	.46	437.00
1107A	190#	Phenoseal 1# per/sk	1.35	256.50
1103	100*	Caustic Soda Pre Flush	1.69	169.00
5407A	10.45 ton	Tenmileage Bulk Truck	1.41	1473.45
4129	6	4 1/2 x 7 7/8 Centralizer	42.00	264.00
4103	1	4 1/2 Cement Basket	229.00	229.00
4161	1	4 1/2 AFU Float Shoe	300.50	300.50
4453	1	4 1/2 Latch down Plug	243.75	243.75
		Subtotal		8708.60
		SALES TAX 7.15%		409.71
		ESTIMATED TOTAL		9118.31

AUTHORIZATION Duke Conter

TITLE 063101

DATE

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