

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1163919

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

		DECODUDTIO		
WELL	HISTORY	 DESCRIPTIOI 	N OF WELL	& LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
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: ()	
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.): If Workover/Re-entry: Old Well Info as follows:	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 #: Dual Completion Permit #:	Operator Name:
Dual Completion Permit #: SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or 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	1163919
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Datum
Samples Sent to Geolog	gical Survey	Yes No	Nam	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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

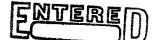
ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION Specify Fo		RD - Bridge P Each Interval I		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENHF	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold Used on Lease			Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)			
(If vented, Subi	mit ACC)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202





TICKET NUMBER 43543 LOCATION EUICHA

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PO Box 884, Chanute, KS 66720 - 200.467-8676 - ---

FIELD TICKET & TREATMENT REPORT

CEMENT

620-431-927U	or out-40/-00/	0		1 1 1 1 1 1 1 1 1 1	-			0.0110177/
DATE	CUSTOMER #		LL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
0 18 .0	129180	Kill #s	/					EIK
9-19-13 CUSTOMER	1-1100							
CUSTOMER	jus Jones				TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADD	RESS				57	Chais B.		Ļ
	149 RJ 2:	5			667	Decle		
CITY		STATE	ZIP CODE		515	Celby		
EIL	City	Ks	67344			,	L	
JOB TYPE 1.1		HOLE SIZE_	6314"	HOLE DEPTH	1938'	CASING SIZE & W	/EIGHT_ 4 %_"	10.5
	no no li	DRILL PIPE_		TUBING			OTHER	and the second
SLURRY WEK	SHT /3.54	SLURRY VOL	28 Bb1	WATER gal/s	k <u>?! - 9.°</u>	CEMENT LEFT in	CASING_0_	
	NT 119 ANI	DISPLACEME	ENT PSI 300	HELL PSI 800	Buealys	RATE		
DEMADING.	fil	5.2 -	1. @ 193	8-10445	1716-20 sx :	1296-10 54	5, 870-10	345
ρ γ	∩'_C µ4." n	e an lu	» staren	vest. Kuno	14 001 Sm	esh water.90	Read Kunga	20
	- <u>A</u>	1		de la de	Clowed B	5 SKS CALL	INCL CEM	Dia la
<u>gel-Alux</u>	لم الألوا في إ		~ @ 125	" Hlad	inchat a	p + lines, 1 + Par Art	elease alva	Disclore
5 Kai-se	a)/sn + /~	provesser /		300 64-	R A a alu	the BAA DET	10 lease Or	የ ምሩዔ ሀ/ ይ
w/ 11.7	BUL Fresh LA	te Finel	pop press	<u>ne 200 [3-</u>	· wap pro-	to 800 BI.	Tab co alat	. Pa das
floot +	pluz held.	Cond comen	t ceturas	to surfall	= 6 AN 3/4	ing to pite.	Jes carplen	
	1 -							

"Thank Yai"

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CODE	1	PUMP CHARGE	1085.00	1085.00
5401		MILEAGE 22 well of 2	116	<u>a/e</u>
SYD6				
	50 545	(1) 40 Pozniz cempt	13.18	659.00
1131	170*	420 901	.22	37.40
			20.14	1713.60
11264	85 345	thickset cent	1 7 La	195.50
uve	425*	5th Kalistol /SH	1.35	114.75
NOA	85*	1 * pheneseel Isk		
11183	50#	gel-flush	.22	11.00
5407		to milege but til	m/c	368.00
4404		41/2" top weeping	47.25	47.25
10012 C. V. J. Sugar States States			- 1.4.4.1	4231.50
		7.15%	SALES TAX	198.66
in 3737	1	262517	ESTIMATED TOTAL	4430.16
	Gulfun	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.