



KANSAS CORPORATION COMMISSION 1163919
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43543
LOCATION Euicke
FOREMAN Rick Ledford

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
9-19-13	4180	Kill #5				Elk
CUSTOMER Gus Jones			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 149 Rd 25			57	Chris R.		
CITY Elk City			667	Merle		
STATE Ks			515	Colby		
ZIP CODE 67344						

JOB TYPE RTA + L/S HOLE SIZE 6 3/4" HOLE DEPTH 1938' CASING SIZE & WEIGHT 4 1/2" 10.5"
CASING DEPTH 747' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.5# SLURRY VOL 28 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 11.9 Bbl DISPLACEMENT PSI 300 ~~800~~ PSI 800 Bump plus RATE _____

REMARKS: Safety meeting - Set plugs @ 1938'-10 sec, 1716'-20 sec, 1296'-10 sec, 876'-10 sec
Ran 747' of 4 1/2" casing. Rig up to cement. Pump 14 Bbl fresh water ahead. Pump 50" gel-flush, 5 Bbl water spacer, 5 Bbl dry water. Mixed 85 sec thickset cement w/ 5" Kel-seal/sk + 1" phenoseal/sk @ 13.5#/gal. Washout pump + lines, release plug. Displace w/ 11.9 Bbl fresh water. Final pump pressure 300 PSI. Bump plug to 800 PSI. Release pressure. Flat + plug held. Good cement returns to surface = 6 Bbl slurry to pre. 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
5406	1	MILEAGE 2nd well of 2	n/c	n/c
1131	50 sec	60/40 Pozzic cement	13.18	659.00
1183	170#	42# gel	.22	37.40
1126A	85 sec	thickset cement	20.16	1713.60
116A	425#	5" Kel-seal/sk	.46	195.50
117A	85#	1" phenoseal/sk	1.35	114.75
1183	50#	gel-flush	.22	11.00
5407		tax mileage back truck	n/c	368.00
4404	1	4 1/2" top rubber plug	47.25	47.25
			Subtotal	4231.50
			SALES TAX 7.15%	198.66
			ESTIMATED TOTAL	4430.16

262517

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.