



KANSAS CORPORATION COMMISSION 1164018  
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 Recompletion Date      Date Reached TD      Completion Date or 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: \_\_\_\_\_



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

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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<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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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CONSOLIDATED OIL WELL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

TICKET NUMBER 4919  
 LOCATION Ottawa KS  
 FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-05	6316	N. Earl Grey # Gannex 1	18	26	17	W0
CUSTOMER Patrick Development Corp			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 3804 W 93rd St.			372	FREMAD		
CITY Leawood			164	RICARB		
STATE KS			370	JOEPDL		
ZIP CODE 66206			122	RICFIS		

JOB TYPE Logging HOLE SIZE 5 1/4 HOLE DEPTH 878 CASING SIZE & WEIGHT 2 3/8 EUE  
 CASING DEPTH 855 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Rubber Plug  
 DISPLACEMENT 5 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4.13 PM

REMARKS: Establish Circulation Mix Pump 200# Premium Gel Flush.  
 Mix & Pump 82 sks OWC Cement w/ 1/4# Flo Seal per sack.  
 Cement to surface. Flush Pump clean. Displace 2 1/2"  
 Rubber Plug to casing TD w/ 5 BBL Fresh Water. Pressure  
 to 500# PSI. Shot in casing.

*Fred Mader*

*Gerald Bollinger Drilling*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump 164		265 <sup>00</sup>
5406	75 mi	MILEAGE Pump Truck 164		225 <sup>00</sup>
5407A	3.948 T	Ton Mileage 122		296 <sup>10</sup>
5502C	4 hrs	40 BBL Vac Truck 370		348 <sup>00</sup>
1126	82 sks	OWC Cement		1066 <sup>00</sup>
118B	4 sks	Premium Gel		26 <sup>52</sup>
1107	1 sk#	Flo Seal		42 <sup>75</sup>
4402	1	2 1/2" Rubber Plug		17 <sup>00</sup>
		Sub Total		2786 <sup>37</sup>
		Tax @ 6.3%		72.59
				\$ 2858.96
		SALES TAX		
		ESTIMATED TOTAL		

AUTHORIZATION \_\_\_\_\_

TITLE W0# 200128

DATE \_\_\_\_\_

1ST STAGE

TICKET NUMBER 33862  
 FIELD TICKET REF # 26866  
 LOCATION: Thayer  
 FOREMAN Z. Broth

TREATMENT REPORT  
 FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-05		N. Earl Gray - Garner #1	18	26	17	W00

CUSTOMER  
 Patrick Development

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
293	Jeff		
449	Steve		
126	Scott		
453T90	George		
455T95	Rob		

WELL DATA	
CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
PIPE SIZE 2 7/8 10RD	PACKER DEPTH
PIPE WEIGHT	OPEN HOLE
PERFS & FORMATION	
16-18 (5) S	
20-26 (13) miscel	S.N. 794

TYPE OF TREATMENT  
 Acid spot / FRAC

CHEMICALS	
Kch 54B	
Breaker	
Acid	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	15	17			1350	BREAKDOWN 2050
12-20		17	.25-.75		1200	START PRESSURE 1100
12-20		17	.75-1.5		1200	END PRESSURE 1300
12-20		17	2.0	2500#	1100	BALL OFF PRESS
Rock salt		17-12		75#	3300	ROCK SALT PRESS 3300
12-20		12-17	.5-1.0		1800	ISIP 600
12-20		17	1.0-1.5		1600	5 MIN 475
12-20		17	1.5-2.0	2500#	1300	10 MIN
FLUSH	5	17			1300	15 MIN
OVERFLUSH	10	17	TOTAL	5,000#	1300	MIN RATE 12
TOTAL	115		SAND			MAX RATE 17
						DISPLACEMENT 4.8

REMARKS: spot 100 gal. - 15% HCl acid / proceed w/ frac schedule  
 flow back to pit / drop standing valve for upper stage

10:00 AM - 28 miles

CONSOLIDATED OIL WELL SERVICES, INC.  
 211 W. 14TH STREET, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

2nd STAGE

TICKET NUMBER 33863  
 FIELD TICKET REF # 26866  
 LOCATION Thayer  
 FOREMAN Brett Budley

TREATMENT REPORT  
 FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-05		N. Earl Gray - Garner #1	18	26	17	WO

CUSTOMER  
Patrick Developement

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
293	Jeff		
449	Steve		
126	Scott		
453T90	George		
455T95	Rob		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 10RD</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	<u>S.N. 794</u>
<u>630-35 (11)</u>	<u>Wiser</u>

TYPE OF TREATMENT  
Acid spot / FRAC

CHEMICALS

<u>KCL SUB</u>	
<u>Breaker</u>	
<u>Acid</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>10</u>	<u>17</u>			<u>1400</u>	BREAKDOWN <u>2500</u>
<u>12-20</u>		<u>17-18</u>	<u>25-20</u>	<u>2,000#</u>	<u>1300</u>	START PRESSURE <u>1400</u>
<u>FLUSH</u>	<u>4</u>	<u>18</u>			<u>1000</u>	END PRESSURE <u>1000</u>
<u>OVERFLUSH</u>	<u>5</u>	<u>18</u>	<u>TOTAL</u>	<u>2,000#</u>	<u>1000</u>	BALL OFF PRESS
<u>TOTAL</u>	<u>65</u>					ROCK SALT PRESS
						ISIP <u>500</u>
						5 MIN <u>425</u>
						10 MIN
						15 MIN
						MIN RATE <u>17</u>
						MAX RATE <u>18</u>
						DISPLACEMENT <u>3.7</u>

REMARKS: drop STANDING VALVE / SPOT 50 gal. -15% HCL acid  
Pump on STANDING VALVE TO SEAT held 1500 PSI / spot 50 gal. -15% HCL  
on perts / proceed w/frac

LOCATION 3100 PM 28 miles

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10-7-05



**CONSOLIDATED**  
**OIL WELL**  
**SERVICES**  
 AN INFINITY COMPANY

1st & 2nd STAGES

1530 S. SANTA FE, CHANUTE, KS 66720  
 620-431-9210 OR 800-467-8676

TICKET NUMBER 26866

LOCATION Thayer

**FIELD TICKET**

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-7-05	6316	N Earl Gray-Garner #1		18	26	17	WO	Squirrel-Wise
CHARGE TO <u>Patrick Development</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT	
5102C	1	PUMP CHARGE 1000 Combs 1 <sup>ST</sup> STAGE		1835.-	
5102C	1	2 <sup>ND</sup> STAGE		1650.-	
5302	2	Acid spots 440.290		730.-	
3107	150 <del>200</del> gal.	15% HCL acid		187.50	
1123	7,560 gal.	city H <sub>2</sub> O		92.23	
1231	150 #	frac gel		645.00	
1215	15 gal.	KCL SUB		353.25	
1208	1/2 gal.	breaker		78.20	
1227	75 #	Rocksalt		18.75	
5604	2	3" frac valve		130.-	
BLENDING & HANDLING					
5109	28	TON-MILES	Min.	260.-	
5104	2 hrs	STAND BY TIME		510.-	
5102	28	MILEAGE Mobilization x 2 P, S		158.-	
5501F	12 hrs	WATER TRANSPORTS -2		1116.-	
VACUUM TRUCKS					
2101	N/A SKS	FRAC SAND 20-40			
2102	70 SKS	12-20		1071.-	
CEMENT					
				G-3 SALES TAX	5.81

Havin 2790

\$8408.20  
 if paid within 10 days  
 (5%)

ESTIMATED TOTAL 8850.74

CUSTOMER or AGENTS SIGNATURE Brett Busby GIS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT) DATE 10-7-05

1 CROSS



**CONSOLIDATED**  
OIL WELL  
SERVICES, INC.  
AN INFINITY COMPANY

**REMIT TO**  
Consolidated Oil Well Services, Inc.  
Dept. 1228  
Denver, CO 80256

MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE Invoice # 200055

Invoice Date: 10/12/2005 Terms: Page 1

PATRICK DEVELOPMENT CORP.  
3408 W. 93RD ST.  
LEAWOOD, KS 66206  
(913)381-2814

N. EARL GRAY - GARNER 1  
26866  
10-07-05

Part Number	Description	Qty	Unit Price	Total
107	15% HCL	150.00	1.2500	187.50
123	CITY WATER	7560.00	.0122	92.23
231	FRAC GEL	150.00	4.3000	645.00
215	KCL SUB (ESA-55) MB6875	15.00	23.5500	353.25
208	BREAKER LEB4-ESA 14-GB10	.50	156.4000	78.20
227	ROCK SALT (MED)	75.00	.2500	18.75
102	12/20 BRADY	70.00	15.3000	1071.00

Description	Hours	Unit Price	Total
26 BULK SAND DELIVERY	1.00	260.00	260.00
93 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	1835.00	1835.00
93 MINIMUM COMBO CHARGE 1000 HP UNIT	1.00	1650.00	1650.00
93 EQUIPMENT STAND-BY RATE	1.00	510.00	510.00
93 MILEAGE CHARGE (ONE WAY)	28.00	3.00	84.00
r-90 WATER TRANSPORT (FRAC)	6.00	93.00	558.00
149 MINIMUM ACID SPOTTING CHARGE	1.00	440.00	440.00
149 MINIMUM ACID SPOTTING CHARGE	1.00	290.00	290.00
149 MILEAGE CHARGE (ONE WAY)	28.00	3.00	84.00
VALVE FRAC VALVES (2" OR 3")	2.00	65.00	130.00
r-95 WATER TRANSPORT (FRAC)	6.00	93.00	558.00

Parts:	2445.93	Freight:	.00	Tax:	5.81	AR	8850.74
Labor:	.00	Misc:	.00	Total:	8850.74		
sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ Date \_\_\_\_\_

BARTLESVILLE, OK P.O. Box 1453 74005 918/338-0808  
 EUREKA, Ks 820 E. 7th 67045 620/583-7664  
 OTTAWA, Ks 2631 So. Eisenhower Ave. 66067 785/242-4044  
 GILLETTE, WY 300 Enterprise Avenue 82716 307/686-4914  
 THAYER, Ks 8855 Dorn Road 66776 620/839-5269





