

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1164403

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	
Contact Person:	
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
	. Abd. If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:	
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	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	
SWD Permit #:	
ENHR Permit #:	
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date Recompletion Date Recompletion Date 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	1164403		
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	0	n (Top), Depth an	d Datum Top	Sample Datum
Samples Sent to Geolog	gical Survey	Yes No		-			
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	YesNoYesNoYesNo					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set	-conductor, surface, inte	ermediate, producti	ion, 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 RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF (BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC)-18.)		Other (Specify)						<u></u>

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676		MENT REP	TICKET NUMB LOCATION <u>E</u> FOREMAN_S ORT S- <i>III-204</i>	neka KS hannon -	327 Feck
DATE CUSTOMER # WELL NAME & NUMB	IER	SECTION	TOWNSHIP	RANGE	COUNTY
7-24-13 0983 Farthing # 4	7	35	215	IDE	Lyon
CUSTOMER Mark Farthing MAILING ADDRESS 219 N. 3rd CITY STATE ZIP CODE Burlington KS 66839	Three Rivers Exploredian	TRUCK # 445 515	DRIVER Dave 6 Merle R	TRUCK #	DRIVER
	HOLE DEPTH	1-10'	CASING SIZE & W		
CASING DEPTH/64" DRILL PIPE SLURRY WEIGHT 14.5-15# SLURRY VOL DISPLACEMENT 9. Bb1 DISPLACEMENT PSI REMARKS: Rig up to 85% Casing mited 80 sks Class "A"" 14 # Flocele/sk @ 14.5-15 Casing in. Good cillulation @ Complete.	TUBING WATER gal/sl MIX PSI Break ement #/gal. 1 9.1/	Circula w/ 3% Displace times, lo-	CEMENT LEFT in RATE <u>SBP</u> <i>tion</i> $W/$ <i>calcium</i> W/ 9.1 B T Bb/ S		++20 el + & Shut p fit. Job

Thanks Shannon + Crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	/	PUMP CHARGE	870,00	870,00
5406	.30	MILEAGE	4,20	126.00
11045	80 SKS	Class "A" cement	15.70	1256.00
1102	226 #	Caluium @ 3%	.78	176.28
1118B	151 #	6el @ 20%	, 22	33. 2Z
1107	20 #	Flocele @ 14#/SK	2.47	49,40
5407	3.76 Tons	Ton mileage bulk Truck	m/c	368,00
			Sub Total	2878,90
		7.1	% SALES TAX	108,31
Ravin 3737	av il-	260934	ESTIMATED TOTAL	2987.21
AUTHORIZTION	Marto to	TITLE	DATE	

AUTHORIZTION V

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.