

### Kansas Corporation Commission Oil & Gas Conservation Division

1164485

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:	SecTwpS. R
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: ()	□NE □NW □SE □SW
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	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?
☐ OG ☐ GSW ☐ Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)  Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to: w/ sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content:ppm Fluid volume:bbls
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD ☐ 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 #:	Lease Name: License #:
SWD Permit #:	QuarterSecTwpS. R East West
ENHR Permit #:	County: Permit #:
GSW Permit #:	County Fermit #
Spud Date or Date Reached TD Completion Date or 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



Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Take		☐ Yes ☐ No		og Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	ological Survev	☐ Yes ☐ No	Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No-	ew Used 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1		
Purpose: Depth Top Bottom Protect Casing		Type of Cement	# Sacks Used		Type and I	Percent Additives	
—— Plug Back TD —— Plug Off Zone							
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plu Footage of Each Interval Pe	gs Set/Type rforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	_		PRODUCTIO	ON INTERVAL:
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Tomco Oil, Inc.
Well Name	Rogers 3 Nietas
Doc ID	1164485

### All Electric Logs Run

DIL
Dual Porosity
Sonic
Frac Finder



# CONSOLIDATED OIL Well Services, LLG

API\* 15-035-24476-00-61

LOCATION FUICKS
FOREMAN Rex Lodford

DATE

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
5-22-13	7835	Roses 1	3 Dietas		17	325	66	Carlor
CUSTOMER		_		Culce	TRUCK #	DDIVER	TRUCK#	DRIVER
	amco Oil	<u></u>		Dris	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDR	E99			5.75	520	John		
22	1150 5.6. Cake	Corex Rd		_	515	Melle		
CITY		STATE	ZIP CODE		637	Jia		
AZI	ACTA	143	67008					
JOB TYPE		HOLE SIZE_	77/8"	HOLE DEPT	н <i>3475′</i>	CASING SIZE & W	VEIGHT 51/2"	15.54 new
CASING DEPTH	3471 KB	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGI	HT /364	SLURRY VOL	33 BH	WATER gal/	sk 9.0	CEMENT LEFT in	CASING 16.	
DISPLACEMEN	т <i>. 82</i> , <sup>4</sup>	DISPLACEME	NT PSI 500	HEEK PSI 1000	Bup plus	RATE S.S B	lm	
		^				~ 4/ 5 Bol	Next ah	rod.
Aired 100	ses thicked	cement 1	1 5 Hol-30	W/sx + 2	bensol/se	@ 13.6 #/901.	yield 1.25	Short
dan we	but and t	I.nes (e)ea	se latch do	un alva.	Disdoce W/	82. 4 Ob) fres	h water Fir	a) Auro
Dressure 50	1 PSZ. Burg	also to 11	us BI. release	me Dressine	floot + No	held. Good c	raidtion @	911
Luce Lil	cementing.	Tab conde	to Rie Age	<u> </u>	, pres	1-112		
( ICAS - CADIL	LEI-MILITY.	Jes Carple	13	·				
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cention 1,3,5,7,9

AUTHORIZTION

### " Thank You

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	/	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4.20	210.00
11264	100 545	thicket compt	20.16	2014.00
LUCA	500*	5# Kol-seal Ise	.46	230.00
11019	200*	2 phonses/sk	1.35	276.00
SYOTA	5.5	ton mileage bulk tok	1.41	387.75
55026	5 brs	80 BW MAC. TRA	90.00	450.00
//23	3000 9011	city water	17.30 kass	51.90
4130	5	5h"y 71/8" centralizers	50.50	252.50
4203		5'h" quide shoe (weld on)	148.00	168.00
42230	/	5/2" AFU insert	180.75	180.25
4454	/ 100 200	51/2" loteh down plus	266.25	266.75
	FREE			
		שני	Subtatal	5568.65
	111	260103 68%	SALES TAX	_233.6
win 3737	19/ A/N		ESTIMATED TOTAL	5800.2

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

TITLE