



KANSAS CORPORATION COMMISSION 1166002
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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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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LEASE NAME Dempsey OPERATOR Utah Oil

START DATE:

WELL # KO-2 LOCATION:

API #

SURFACE PIPE: 7" Ft 20' Cement(#bags) 6

PRODUCTION: 2 7/8 PIPE: 811.7 SIZE: =FT

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
8		clay	8	2.5		Shale	620.5
15		lime	23	1.5		Sand	622
22		Shale	45	1		broken sand	623
13		lime	58	1		broken sand	624
97		shale	155	11		Shale	635
19		lime	174	37		Shale	672
27		shale	201	10		Shale	682
5		lime	206	10		sandy shale	692
38		shale	244	4			696
14		lime	260	2			698
10		shale	270	4			702
27		lime	297	8		blk shale	710
9		shale	306	16		Shale	726
21		lime	327	2		White Shale	728
4		shale	331	2		Sandy shale	730
4		lime	335	1			731
3		shale	338	7		Shale	738
5		lime	343	2.5		sand	740.5
155		shale	498	35.5		Shale	776
12		lime	510	11		Shale-sand	787
45		limy shale	555	33		Shale	820 T
1		lime	556				
4		shale	560				
3		lime	563				820 TD
12		shale	575				
3		lime	578				
25		shale	603				
3	core	lime	606				
2		lime	608				
2		lime	610				
1		shale	611				
2		white shale	613				
2		sandy shale	615				
2	core	broken sand	617				
1		shale	618				



CONSOLIDATED
Oil Well Services, LLC

262120

TICKET NUMBER 42458

LOCATION Ottawa KS

FOREMAN Fred Mader

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
9-6-13	5000	Dempsey # AD-2	S E 29	17	21	FR
CUSTOMER Stinger Ventures						
MAILING ADDRESS 5113 East North ST						
CITY Salina		STATE KS	ZIP CODE 67401			
TRUCK #		DRIVER		TRUCK #		DRIVER
712		FreMad				
495		Har Rec				
369		Det Mas				
548		Mik Haa				

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 830' CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 811' DRILL PIPE Baffle in tubing @ 780' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.5388 DISPLACEMENT (PSI) _____ MIX PSI _____ RATE _____

REMARKS: Hold crew safety meeting. Establish circulation. Mix Pump
100# Gel Flush. Mix + Pump 115 SKS 50/50 Poz Mix
Cement 2 7/8 Gel 1/2# Phenol Seal/sk. Cement to surface.
Flush pump + lines clean. Displace 2 7/8" Rubber plug to
Baffle. Pressure to 800# PSI. Release pressure to get float
Value shut in casing.

Utah Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	-	MILEAGE		N/C
5402	811	Casing footage		N/C
5407	1/2 minimum	Ten Miles		184 ⁰⁰
5502C	1 1/2 hr	80 BBL Vac Truck.		135 ⁰⁰
1124	115 SKS	50/50 Poz. Mix Cement		1322 ⁵⁰
1118B	293#	Premium Gel		64 ⁴⁶
1107A	58#	Phenol Seal		78 ³⁰
4402	1	2 7/8" Rubber Plug		29 ⁰⁰
			7.8%	SALES TAX
				ESTIMATED
				TOTAL
				114,35
				3013 11

Revin 3737

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