



KANSAS CORPORATION COMMISSION 1166003
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: _____



1166003

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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LEASE NAME Dampsay OPERATOR Utah Oil START DATE: _____
 WELL # XO-3 LOCATION: _____ API # _____
 SURFACE PIPE: 20 Ft 7" Cement(#bags) 4
 PRODUCTION: 2 7/8 PIPE: 807-25 SIZE: _____ #FT _____

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Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
3		clay	3	8		Shale	698
8		lime	4	4		Shale	702
27		Shale	38	16		dark shale	718
18		lime	56	8		shale white	726
93		Shale	149	4.5		oil sand	734.5
20		lime	169	17.5		Shale	752
25		Shale	194	9		sand	761
5		lime	199	61		Shale	822
38		Shale	237				
17		lime	254				822 TD
11		Shale	265				
23		lime	288				
1		Shale	289				
3		lime	292				
10		Shale	302				
20		lime	322				
4		Shale	326				
4		lime	330				
3		Shale	333				
5		lime	338				
154		Shale	492				
11		lime	503				
46		Shale	554				
3		lime	557				
12		Shale	569				
3		lime	572				
24		Shale	596				
4		lime	600				
2		Shale	602				
2		lime	604				
4		sand	608	0:1			
71		Shale	679				
3		Sandishale	682				
4		" "	686				
4		Shale	690				



262135

TICKET NUMBER 42481
 LOCATION Oftawa
 FOREMAN Alan Maden

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
9-9-13	5000	Dempsey KD-3	SE 29	17	21	FR
CUSTOMER			TRUCK #		DRIVER	
Stinger Ventures			5K		Alan Maden	
MAILING ADDRESS			368		Alan Maden	
5113 E North St			370		Kei Car	
CITY			510		Set Tur	
Salina						
STATE			HOLE SIZE		HOLE DEPTH	
KS			5 7/8		822	
ZIP CODE			CASING SIZE & WEIGHT		OTHER	
67401			2 7/8		776 baffle	
JOB TYPE <u>long string</u>			SLURRY VOL		WATER gal/sk	
CASING DEPTH <u>807</u>						
SLURRY WEIGHT			CEMENT LEFT in CASING		Yes	
DISPLACEMENT <u>4.5</u>			DISPLACEMENT PSI <u>800</u>		MIX PSI <u>200</u>	
REMARKS: <u>Hold meeting. Est. bled rate down casing. Mixed & pumped 100# gel followed by 104 SK 50150 cement plus 2 1/2 gal and 1/2# phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float, closed valve.</u>						

Utah, Dave

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00
5406	—	MILEAGE	368	—
5402	807'	casing footage	368	—
5407	1/2 mil	ten miles	510	184.00
5502L	1 1/2	80 var	370	136.00
1124	104	50150 cement		1196.00
1118B	275#	gel		60.50
1107A	52#	phenoseal		70.20
4402	1	2 1/2 plug		29.50
SALES TAX				103.75
ESTIMATED TOTAL				2863.95

Ravin 3737

AUTHORIZATION *Paul [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.