

Kansas Corporation Commission Oil & Gas Conservation Division

1166044

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 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	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 OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:

Side Two



Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(well site report.	hut-in pressure read	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	ological Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti			
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 / SQL	 JEEZE RECORD			
Purpose: —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	
Plug Back TD Plug Off Zone							
	DEDEODATI	ON DECORD - Deidag Diva	o Cot/Time	Acid Fro	cture, Shot, Cemen	t Squaaza Baaar	4
Shots Per Foot	Specify I	ON RECORD - Bridge Plug Footage of Each Interval Per	forated		mount and Kind of Ma		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	HR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	ols. (Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit)	400-5) (Sub	mit ACO-4)		

LEASE NAME ORPEN OPERATOR UTAL O: 1 STARTDATE: 9-3-13
WELL # 2 LOCATION: API =
SURFACE PIPE: Ft 20 Cement(#bags) 7
PRODUCTION: PIPE: SIZE: 27/8 =FT 804 Baffle 774

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
1	soil relay			4	gry 5-1	1.72000	694
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	JARIA-		293				
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10	li-		337		-		
18			347				
8	1:-		491		-		
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4	shale		610				
14	boden son	oil show	624			-	
63	Shelt		692	<u></u>			



262118

LOCATION Oxtawa 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 0	rpin # 2	SE 29	17	રા	FR
CUSTOMER	Donak Von	Luvas	TRUCK#	DRIVER	TRUCK #	DDMED
MAILING ADDRE	inger Ven	4-0163	2/2	Fremad	TROCK#	DRIVER
511	3 Fast No	th St	495	Har Bec		
СПҮ	3 Fast No.	E ZIP CODE	369	Dermas		
Salk	na Id	S 67401	548	MikHaa		
OB TYPE La	ng string HOLE	SIZE 578 HOLE DE	PTH 620 (EIGHT 27/8	EUE
ASING DEPTH	804, O DRILL	PIPE BOSTO TUBING			OTHER	
LURRY WEIGH	VII		al/sk (EMENT LEFT In	CASING_ <u>み</u> 為 "	Plug
	<u> 4.5884</u> displ			RATE 4/3Pr		<i></i>
EMARKS: /	lald arew	safety meeting	Establis	h circul	axlan. 1	nixx
Pump	0 100 d Gel	Flus & Mix & of	ump 115	SKS 50	150 Por V	nix
_Cem	and J70 al	4 Pheno Seal S	sk. Camer	x to Su	V taca	
Flus	in pump x	lines alean.	Displace	ZE" Ru	bber pla	14
10 a	of yell	Boffle.				
		2 Miles November 1997		- te-shine in a		
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ν	tah brilli	4		- Fred	Made	t
ACCOUNT				100-100		
CODE	QUANITY or UN	TS DESCRIPTION	of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE		495		10850
5406	15 20	mi MILEAGE		495	6300	F-10-04
5402	804		tage			NIC
5407	12 Minimum	Jon Miles		548		18400
5502C	1名儿,	20BBL Va	ic Truck	- 14		0
			C FFOOR	369		135
			2 170010	3 69		135
1124	/155		Mix Come			13220
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1118B	293**	Promium	Mix Comen			13225 6441 782
1118B	293**	Promium	Mix Comen			13225 6441 783
1118B	293**	Promium	Mix Comen			13225
1118B 1107A	293**	Promium	Mix Comen			13225
1118B 1107A	293**	Promium	Mix Comen	*	SALESTAX	1322 ^S 64 ^{SE} 29 ^{SE}
1118B	293**	Promium	Mix Comen		SALES TAX ESTIMATED TOTAL	13225

l 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.