



KANSAS CORPORATION COMMISSION 1166387
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 Bbbs.	Gas Mcf	Water Bbbs.	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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ATED
LLC

ENTERED

TICKET NUMBER 43443
LOCATION Eureka
FOREMAN Steve Mend

FIELD TICKET & TREATMENT REPORT
CEMENT

KS 66720
800-467-8676

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3 7888	Grisier 8-13				Woodson
Plechter Oil		TRUCK #	DRIVER	TRUCK #	DRIVER
1586 Hwy. 54		485	Allen B		
Yate Center		667	Merle		
STATE	ZIP CODE				
Ks	66783				

HOLE SIZE 5 7/8 HOLE DEPTH 1041' CASING SIZE & WEIGHT _____
 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT PSI 400* Bump Plug 1000* RATE _____
 REMARKS: Safety Meeting: Rig up to 2 3/8 Tubing. Break Circulation w/ Fresh
Water Pump 300* Gel Flush + 5 bbl water spacer. Mix 135 sks 60/40
Pozmix Cement w/ 5* Kal-Seal, 2% Gel + 1% CaCl2. Shut down. Wash
out pump lines. STUFF 2 plugs Displace w/ 6 bbls Fresh water. Final
pumping Pressure 400* Bump Plug 1000* Shut well in w/
500* Good cement Returns to surface 6 bbl to PIT.
Job Complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
		PUMP CHARGE	1085.00	1085.00
5401	1	MILEAGE	4.20	126.00
5406	30			
1131	135 sks	60/40 pozmix Cement	13.18	1779.30
1110A	675*	Kal-Seal 5* 90/sk	.46	310.50
1118B	230*	Gel 2%	.22	50.60
1193	115*	CaCl2 1%	.78	89.70
5407	5.80 Tan	Tan Mileage Bulk Truck	M/C	368.00
1118D	300*	Gel Flush	.22	66.00
4402	2	2 3/8" Tap Rubber Plugs	29.50	59.00
			Sub Total	3934.10
			SALES TAX 7.15%	168.39
			ESTIMATED TOTAL	4102.49

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.

SOLIDATED
Well Services, LLC

262310

TICKET NUMBER 48643

LOCATION Thayer

REET, CHANUTE, KS 66720
OR 800-467-8676

FIELD TICKET

CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
13 1888	8-13 Grisier					WO	Squirrel
NAME TO		OWNER					
MAILING ADDRESS		OPERATOR					
CITY & STATE		CONTRACTOR					

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo	Slbe Reduced	2730-
5302	1	Acid spatter		375-
1275	100 gal	15% HCL acid		175-
1202	1/4 gal	Inhibitor		12.50
1219B	1/2 gal	Stim Oil		32.50
1268	customer formation			1455-
1231	165 #	frac gel		90
1205A	3 #	Bioerde		50
1208	1/4 gal	Breaker		
5604	1	Frac valve		100-
5115	1	Ball injector		N/C CHARGE
4326	20	1.356 7/8" ballsealers		600-
5109	45	BLENDED & HANDLING		315-
5108	45	TON-MILES		540-
5501F.70	3 hrs	STAND BY TIME		360-
2104	100 #	MILEAGE Mobilization x 3 P.S.I		25-
2102	4900 #	WATER TRANSPORTS - 1 reduced		1323-
		VACUUM TRUCKS		7.5
		FRAC SAND 16-30		SALES TAX
		12-20		4.29
				1397.24
				ESTIMATED TOTAL 2677.29

Thank you!

CUSTOMER or AGENTS SIGNATURE [Signature] COWS FOREMAN Brett Busby
DATE 9-12-13

CUSTOMER or AGENT (PLEASE PRINT) _____
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RAVIN 3737

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