

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1166399

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:		Sec	TwpS. R East West
Address 2:		Fe	et from North / South Line of Section
City: State: Zip:	+	Fe	et from East / West Line of Section
Contact Person:			Nearest Outside Section Corner:
Phone: ()			
CONTRACTOR: License #			
Name:			Well #:
			vven #
Wellsite Geologist:			
Purchaser:			
Designate Type of Completion:			Kelly Bushing:
New Well Re-Entry Wor	kover	Total Depth: Plu	g Back Total Depth:
Oil WSW SWD	SIOW	Amount of Surface Pipe Set	t and Cemented at: Feet
Gas D&A ENHR	SIGW	Multiple Stage Cementing C	Collar Used? 🗌 Yes 🗌 No
☐ OG ☐ GSW	Temp. Abd.	If yes, show depth set:	Feet
CM (Coal Bed Methane)		If Alternate II completion, ce	ement circulated from:
Cathodic Other (Core, Expl., etc.):		feet depth to:	w/sx cmt.
If Workover/Re-entry: Old Well Info as follows:			
Operator:			
Well Name:		Drilling Fluid Managemen (Data must be collected from th	
Original Comp. Date: Original Total Dept	:h:		
	Conv. to SWD	Chloride content:	ppm Fluid volume: bbls
		Dewatering method used: _	
Plug Back: Plug Back To	otal Depth	Location of fluid disposal if	hauled offsite:
Commingled Permit #:		Operator Name:	
Dual Completion Permit #:			
		Lease Name:	License #:
ENHR Permit #:		Quarter Sec	_ TwpS. R East West
GSW Permit #:		County:	Permit #:
	etion Date or		

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	1166399
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	ical Survey	Yes No	Nan	ie		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre>Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASIN	G RECORD	ew Used			
		Report all strings se	et-conductor, surface, int	ermediate, product	ion, 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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot		PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record of Material Used)	Depth	
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	ion, SWD or ENHF	ł.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF (BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACC)-18.)		Other (Specify)						<u></u>

263172

<u>44692</u> TICKET NUMBER

PÔ	Box	884,	Cha	nute,	KS	66720
620	-431	-9210	or	800-4	467-	8676

Consol Olf Week Serv

620-431-9210 or 800-467-8676		CEMEN	Г			
DATE CUSTOMER #	WELL NAME & NUMBE	ER	SECTION	TOWNSHIP	RANGE	COUNTY
10/11/13 7823 H	addock # 8		SW 24	18	21	MI
Town Oil Co.		8	TRUCK #	DRIVER	TRUCK #,	DRIVER
MAILING ADDRESS		ľ	481	Casken	V Safety	Meeting
16205 W. 287	ith St.	-	lelele	Gardon	V	<u></u>
CITY STATE			503	Dantet	-	
Paola K	5 66071		······			- 18-19-19-19-19-19-19-19-19-19-19-19-19-19-
JOB TYPE / OWASTING HOLE		IOLE DEPTH	560'	CASING SIZE & W	EIGHT 27/8	"EVE
CASING DEPTH	PIPE	WEING ST	- 544'		OTHER	
				CEMENT LEFT in	CASING 5'	
		AIX PSI		RATE 4.5 00		
REMARKS: held sately meet	ing, established	circula	tion mi	ed + pour	ed 100#	Areunica
	to fresh water,		+ puined	A1 865 15	9/50 Porzu	mix
corrent w/ 2% gel	por sk, ceme	ut to s	uctace,	Hustred pu	up clean	pumped
2/s"rubber plug to pr	n w/ 3,15 bb	ls tresh	unter,	pressured .	H 600 P	SI', chut
in cosing.				-		-
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* Townsupplied 400 *

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUC	т	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE			1055,00
5406	on lease	MILEAGE			
5402	549 '	casing tootage		-	
5407	1/2 minimum	ton mileage		· · · · · · · · · · · · · · · · · · ·	184.00 4
800			<u>,,</u>		
		and the second			
1124	81 8KS	\$750 Pozmix comput			931.50
11188	236 #	Premium Gel			57.92
4402		21/2" rubber plug			29.50 -
		· -			
			di di secondo di second		
			<u> </u>		
			Statution and		四724 瑞羅
			_ <u></u>		
		Υ,,,,,,, .			·
			· · · · · · · · · · · · · · · · · · ·	SALES TAX	74.95
avin 3737			-	ESTIMATED	2356.87
	Xast Willand	TITLE Driller		TOTAL DATE	1/213

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.