

Kansas Corporation Commission Oil & Gas Conservation Division

1166400

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
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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 ☐ 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: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	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:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date 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 III 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 rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		og Formatio	n (Top), Depth ar	nd 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	<u> </u>		
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: Depth Top Bottom — Perforate Top Bottom		Type of Cement	# Sacks Used Type and Percent Additives				
Plug Back TD Plug Off Zone							
	DEDEODATI	ON DECORD - Deider Blue	- O-4/T	Acid Fro	cture, Shot, Cemen	t Causana Dagar	
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	bls.	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)	4CO-5) (Sub	mit ACO-4)		_



TICKET NU	MBER_	446	91
LOCATION	Offac	Ja, KS	
FOREMAN	Casey	Kenn	eden

FIELD TICKET & TREATMENT REPORT

320±431-9210	or 800-467-8676	CEME	NT			
DATE		ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/11/13	7823 Haddoc	k#9	SW 24	18	21	141
CUSTOMER.	0.1					
<i>نين و ا</i> MAILING ADDRE	on Oil Co.		TRUCK#	DRIVER	TRUCK#	DRIVER
I I A DA	5 W. 28746 St	<i>L</i>	481	Casken	Safety	Yesting.
CITY	STATE	ZIP CODE	Celalo	GacHooL	<u> </u>	
	KS	10071	503	Dan Det	<u> </u>	
Pada			TH 560'	CASING SIZE & V		1 2 1 2 mg 12 mg
OB TYPE من		HOLE DEP	2in - 545	CASING SIZE & 1	.,	r cvc
ASING DEPTH		,		OFISENT : FET I	OTHER	
LURRY WEIGH	,		I/SK	CEMENT LEFT IN	CASING	
			. / -1 >			
		, established cire				
		Greek water miny				
	w/ 210 ger per	sk coment to	surface,		up clear	n enmo
1/3 " rust	per plug to pin us	1 3.15 BBS WOR	~ water,	scessored	to 600	1-221,
hut in	coins .					
) 1()		
		2000 C 1000 C 10				,
/_ -7 -	c. 1: 0 1/ B V			1 /		<u> </u>
10 wn	supplied Hoox				**************************************	
ACCOUNT	CHARITY OF HAITE	DESCRIPTION	of SERVICES or PRO	DDUCT	I IIIIT BOIOE	
CODE	QUANITY or UNITS	DESCRIPTION	OI SERVICES OF PRO	JJ001	UNIT PRICE	TOTAL
5401		PUMP CHARGE				1025,00
5406	20 mi	MILEAGE				84,00
5402	550'	casing tooteg	0			
5407	1/2 minimum	ton mileage				184.00
1124	81 sks	Sor Pozniy	cement			931.50
1118B	236 H	Henrium Gel				51. 92
4402	(21/2" rubbar di	2Ġ			29.50
7						7.55
		······································				<u> </u>
	Land British Control		<u> </u>			
				yyr a n		
						<u>*</u>
			The second secon			
				7,4%	SALES TAX	74.95
in 3737	r.	<u> </u>			ESTIMATED	
	V Int. La	د. ا	Ogi	lon	TOTAL	2440.87
THORIZTION_	Scott Kirklan	TITLE #		(C1	DATE_10-11	
			▼ A==0"			

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.