



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1161935
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1161935

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Iuka-Carmi Development LLC
Well Name	Mary Howell Ryan # 1-33 OWWO
Doc ID	1161935

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4544 to 4546	Shot	
6	4578 to 4583	Shot	
17	4588 to 4604	Shot	
5	4618 to 4622	Shot	
7	4632 to 4638	Shot	
10	4646 to 4655	Shot	



Cement Report

Customer Pratt Well Service		Lease No.		Date 8/28/13		
Lease Mary Howell Ryan OWWO		Well # 1-33		Service Receipt		
Casing 5 1/2	Depth 4880'	County Pratt		State KS		
Job Type Washdown L.S.		Formation		Legal Description 33-29-15		
Pipe Data			Perforating Data		Cement Data	
Casing size 5 1/2	Tubing Size	Shots/Ft		Lead 175 SX		
Depth 4880	Depth	From	To	50/50 Poz @ 14#		
Volume 115.4	Volume	From	To	1.35	5.53	
Max Press 2500	Max Press	From	To	Tail in 50 SX 60/40		
Well Connection P.C.	Annulus Vol.	From	To	18 E @ 14.4#		
Plug Depth	Packer Depth	From	To	For Ratt + Mouse		
				1.26	5.74	
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log	
8/27 21:00					on loc, spot + R.O., Saftus entry	
01:51	2800				Test Lines	
01:57	400		12	5	mod flush	
01:59	410		5	5	H2O spacer	
02:03					Plug R + M	
02:31	390		0	5	start mixing @ 14#	
02:42	0		42	0	Finished mixing, Drop Plug, Washup	
02:48	220		0	6	Start Disp	
03:05	530		105	2.5	Slow Rate	
03:09	880-1310		115	0	Plug Down	
03:11	0				Release Psi, float held	
Service Units		78939	3922339726	30463 39547		
Driver Names		Chinz	T. Marcellus	D. Beck		

Customer Representative

Station Manager

Cementer

Taylor Printing, Inc.

LOG-TECH OF KANSAS, INC.

86 SW 10 AVE.

GREAT BEND, KANSAS 67530

(620) 792-2167

INVOICE

7630

Date 9-24-13

CHARGE TO: Juka-Carmi Development
 ADDRESS _____
 R/A SOURCE NO. _____ CUSTOMER ORDER NO. ICD13092401
 LEASE AND WELL NO. Mary Howell Ryan 1-33 #1 FIELD _____
 NEAREST TOWN _____ COUNTY Pratt STATE KS
 SPOT LOCATION 1320' FNL & 1650' FCL SEC. 33 TWP. 29S RANGE 15W
 ZERO 13' 16L CASING SIZE 5 1/2" WEIGHT _____
 CUSTOMER'S T.D. _____ LOG TECH 4839 FLUID LEVEL 700'
 ENGINEER Lee Bretz OPERATOR H. Buehler, J. Welcher

PERFORATING				
Description	No. Shots	Depth		Amount
		From	To	
<u>Owen HSC-4000-317</u>	<u>3</u>	<u>4544</u>	<u>4546</u>	
<u>" " " "</u>	<u>6</u>	<u>4578</u>	<u>4583</u>	
<u>" " " "</u>	<u>17</u>	<u>4582</u>	<u>4604</u>	
<u>" " " "</u>	<u>5</u>	<u>4618</u>	<u>4622</u>	
<u>" " " "</u>	<u>7</u>	<u>4632</u>	<u>4638</u>	
<u>" " " "</u>	<u>10</u>	<u>4646</u>	<u>4655</u>	
<u>UBF - 24y-6</u>				<u>3300.00</u>

DEPTH AND OPERATIONS CHARGES					
Description	Depth		Total No. Ft.	Price Per Ft.	Amount
	From	To			
<u>Gamma Ray / CCL / Bond</u>	<u>0</u>	<u>4839</u>	<u>4839</u>	<u>.31</u>	<u>1500.09</u>
	<u>4839</u>	<u>3600</u>	<u>MTN</u>	<u>.29</u>	<u>580.00</u>

MISCELLANEOUS		
Description	Quantity	Amount
<u>Service Charge</u>	<u>1</u>	<u>550.00</u>

PRICES SUBJECT TO CORRECTION BY BILLING DEPARTMENT

RECEIVED THE ABOVE SERVICES ACCORDING TO THE TERMS AND CONDITIONS SPECIFIED ON THE REVERSE SIDE TO WHICH WE HEREBY AGREE.

David W. Buehler
 Customer Signature _____ Date _____

Sub Total	<u>5930.09</u>
Code Ref. Tool Insurance	
Tax	
	<u>4744.00</u>

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 18, 2013

Kenneith C Gates
Iuka-Carmi Development LLC
PO BOX 847
PRATT, KS 67124-0847

Re: ACO1
API 15-151-22384-00-01
Mary Howell Ryan # 1-33 OWWO
NE/4 Sec.33-29S-15W
Pratt County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Kenneith C Gates