

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1166704

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 & LEA	SF

OPERATOR: License #		API No. 15	
Name:		Spot Description:	
Address 1:			6. R East 🗌 West
Address 2:		Feet from Nort	th / 🗌 South Line of Sectior
City: State: Zip:	+	Feet from East	t / 🗌 West Line of Section
Contact Person:		Footages Calculated from Nearest Outside S	Section Corner:
Phone: ()			N
CONTRACTOR: License #		County:	
Name:		Lease Name:	
Wellsite Geologist:		Field Name:	
Purchaser:		Producing Formation:	
Designate Type of Completion:		Elevation: Ground: Kelly E	
New Well Re-Entry	Workover	Total Depth: Plug Back Total Dept	C C
Oil WSW SWD Gas D&A ENHR OG GSW CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	SIOW SIGW	Amount of Surface Pipe Set and Cemented a Multiple Stage Cementing Collar Used?] Yes No Feet rom:
If Workover/Re-entry: Old Well Info as follows:			
Operator: Well Name:Original Comp. Date:Original Total	Depth:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluic	l volume: bbls
Deepening Re-perf. Conv. to ENI	HR U Conv. to SWD	Dewatering method used:	
Plug Back: Plug Back	ack Total Depth	Location of fluid disposal if hauled offsite:	
Commingled Permit #:		Operator Name:	
		Lease Name: Lice	nse #:
SWD Permit #:		Quarter Sec TwpS.	
GSW Permit #:		County: Permit #: _	
	ompletion Date or ecompletion 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	1166704
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 Shee	ets)	Yes	No	Lo	•	n (Top), Depth an		Sample
Samples Sent to Geologi	cal Survey	Yes	No	Nam	Ð		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted El (If no, Submit Copy)	lectronically	☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐						
List All E. Logs Run:								
		CA	SING RECORE	D Ne	w Used			
		Report all string	gs set-conductor,	surface, inte	rmediate, product	ion, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)		/eight s. / 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 Specify For		RD - Bridge P Each Interval I)e		Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITIC	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

CONSOLIDATED	263314	+			761
Oli Well Services, LLC	00000		LOCATION		5
EIEI			FOREMAN_C	asey Kenn	edy
PO Box 884, Chanute, KS 66720 FIELI 620-431-9230 or 800-467-8676	D TICKET & TREA		ORI		
	CEMEN AME & NUMBER		·	· · · · · · · · · · · · · · · · · · ·	
		SECTION	TOWNSHIP	RANGE	COUNTY
10/17/13 79/66 Beckmey,	er #P-2	SE 32	15	21	FR
Triple T		TRUCK			
MAILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
INE E A		481	Career	~ Safely	Meeting
CITY STATE Z	PCODE	368	Arman	×	
	6053	548	MikHaa	<u></u>	
		369	Der Mas		
JOB TYPE / CAGSTYING HOLE SIZE 57		161	CASING SIZE & W	EIGHT_27/8	"EVE
CASING DEPTH 826 DRILL PIPE	TUBING bat	fle- 795'		OTHER	
SLURRY WEIGHT SLURRY VOL	WATER gal/si	k	CEMENT LEFT in O	CASING 31	
DISPLACEMENT 4. Colors DISPLACEMENT P	SI MIX PSI		RATE 4.560.		
REMARKS: held safely maeting of	tablished circo	lation .n	rixed + au	upper 100 s	
Freniver Gel followed the le	O bbb fresh ,			200 125	ska
50/50 Dozmix convert w/ a	27 gel per S	K CALLARI	Ft Cu		shed
1 2 1 1	ubber aligh to 1	-alla 11/	4.1_ When for	1 1	
pressured to 200 PSI well	held pressure	H.C. 30	1-10 205 13	celease l	/
Shut in casing.	1		man /-tri	THERE A	pressure,
			H D	\leftarrow	
		······································	1- T	_/	

QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1	PUMP CHARGE		1085.001
20 ani	MILEAGE	······	84.00
826'	casing footage		
utninum	ton nileage		3609.00
2 ho	SO Vac		180.00
	507		
	150 Poznix cement		1437.50
310 #	Premium Gel		68.201
1	21/2" rebber plug		29.50
	· · ·		
	Posetkassel		
······································	7.65	SALES TAX	117,45
1 - C. Ros		ESTIMATED TOTAL	3369.65
	125 sks 310 # 1	20 mi 826 ' casing thotage Mileage 2 ho 2 ho 125 sts 5% Poznix cement 310 # Premium Gol 1 2% "rebber plug	20 mi Valo' casing tootage Minimum ton mileage 2 ho 125 stes 5% Poznix cement 3 r 0 # Premium Gel 1 2/2 "sober plug 7.65% SALES TAX ESTIMATED

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.