



KANSAS CORPORATION COMMISSION 1168607  
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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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E K Energy LLC  
1495 3000 St.  
Moran, Ks. 66755  
620-496-2526/620-852-3456  
License # 33977

**CEMENT RECORD**

Company: Thompson Oil      Date 10-21-2013

Lease: Monfort

Well: E-4

Hole size & depth: 6<sup>3</sup>/<sub>4</sub> - 888'

Casing size & depth: 4<sup>1</sup>/<sub>2</sub> - 850'

**Remarks:**

Established Circulation with 10 BBL water.

Pumped 115 SX Cement, cement to surface.

Good Returns.

Displaced casing water, shot well in.

802 N. Industrial Rd.  
P.O. Box 664  
Iola, Kansas 66749  
Phone: (620) 365-5588

**Payless Concrete Products, Inc.**



**CONCRETE**  
Concrete to be delivered to the nearest accessible point, over suitable road, under truck's own power. Due to delivery of concrete, or alternative's delivery, other methods of transportation by delivery in any manner to sidewalks, roadways, driveways, walkways, areas, etc., which are the customer's job. The maximum loading time for unloading trucks is 30 minutes per truck. A charge will be made for holding trucks longer. This amount is negotiable. We do not assume responsibility for strength when water is added to customer's cement.  
**NOTICE TO OWNER**  
Failure of this contractor to pay dues prevents delivery material or delivery to complete this contract can result in the King of a mechanic's lien on the property which is the subject of this contract.

PAID TO  
CASH CUSTOMER

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BT/20  
JEROME THOMPSON/THOMPSON OIL  
RTE. 10:2250 N. DARTON RD  
DGL TO: MARSHALLOW - RED  
BATH N DOWN LEASE RD.  
YOLA, KS - 66749 - MONROE WELLS #EA

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	Y. CAL	DRIVER/TRUCK	W. AIR	PLANT/TRANSACTION #
10:09:43a	MIX	11.50 yd	11.50 yd	0.00	31	0.00	AE100
DATE	LOAD #	YARDS DEL	BATCH #	WATER TRM	SLURRY	TICKET NUMBER	
10-21-13	1	11.50 yd	25446	0/yd	0.0	4,000	33315

**WARNING**  
**IRRITATING TO THE SKIN AND EYES**

Concrete is a caustic material and may cause severe irritation to the skin and eyes. Avoid contact with skin and eyes. If contact occurs, flush immediately with water for at least 15 minutes. Seek medical attention if irritation persists. Do not use in children's areas.  
Concrete is a caustic material and may cause severe irritation to the skin and eyes. Avoid contact with skin and eyes. If contact occurs, flush immediately with water for at least 15 minutes. Seek medical attention if irritation persists. Do not use in children's areas.  
The undersigned promises to pay all costs including reasonable attorney's fees, incurred in collecting any sums owed.  
This agreement is subject to the terms and conditions of the purchase order.  
Not Responsible for "Traffic Accidents" or Other Claims, No Claims Allowed Unless Both in This Section is Deleted.  
A 25¢ Sales Charge and Loss of 1¢ per Gallon will be collected on all returned Drums.  
Please Buy from Charge@PWA.

**PROPERTY DAMAGE RELEASE**  
TO BE SIGNED BY BUYER TO BE MADE PRIOR TO DELIVERY  
Buyer/Contractor/Owner of this truck is releasing the RELEASE to you in your agreement that the truck and driver on the truck may possibly cause damage to the premises under delivery. Payment of 4¢ per gallon of cement in this area where you order it is the only way to let you to carry your own risk. We do not hold the driver or releasing that you own the RELEASE releasing the truck and driver from any responsibility. You may damage the truck or the premises under delivery property, buildings, contents, contents, etc., by the delivery of the truck and driver. The driver is not responsible for the damage to the truck or the premises under delivery. The undersigned agrees to indemnify and hold harmless the driver of this truck and the employer for any and all damage to the premises under delivery property which may be claimed by anyone to the extent of delivery of this order.  
25¢/GAL  
X

Excessive Water is Detrimental to Concrete Performance  
H<sub>2</sub>O Added By Request Authorized by  
GAL X  
WENGMASTER  
NOTICE: ALL CONTRACTORS SHOULD HAVE READ THE HEALTH SAFETY & ENVIRONMENTAL NOTICE AND BUYER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED BY THE BUYER'S USE OF THIS PRODUCT.  
LOW RECEIPT:  
X *Heull Work*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
11.50	WELL	WELL (10 SACKS PER UNIT)	11.50	53.00
1.00	TRUCKING	TRUCKING CHARGE	1.00	35.00
11.50	MIXHAUL	MIXING & HAULING	11.50	25.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	Sub Total
			1. JOB NOT READY 2. TRUCK PUMP OR PUMP 3. TRUCK UNLOAD ON JOB 4. CONSTRUCTION ROAD DOWN 5. JAMMED TRUCK	1. TRUCK BROKE AT 10:00 2. ACCIDENT 3. CRASHED 4. OTHER	975.00
					Tax @ 7.400
					Total
					Order
					ADDITIONAL CHARGE 1
					ADDITIONAL CHARGE 2
					GRAND TOTAL

10:23