

Kansas Corporation Commission Oil & Gas Conservation Division

1169161

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:	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 SWD 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?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	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 Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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.

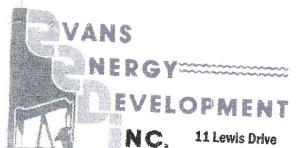
Submitted Electronically

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(s well site report.	hut-in pressure read	ched static level,	hydrostatic press	ures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No		og Formation	n (Top), Depth an	d 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		T 2 .	
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	I	1	
Purpose: —— Perforate —— Protect Casing —— Plug Back TD		Type of Cement	# Sacks Used		Type and P	ercent Additives	
Plug Off Zone							
Shots Per Foot		DN RECORD - Bridge Plug Footage of Each Interval Perl			cture, Shot, Cement mount and Kind of Ma		d 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 I	Bbls. Gas	Mcf Wate	er Bl	ols. G	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:	N.	METHOD OF COMPLE	ETION:		PRODUCTIO	DN INTERVAL:
Vented Solo	d Used on Lease	Open Hole	Perf. Dually		nmingled mit ACO-4)		
(If vented, Su	bmit ACO-18.)	Othor (Specify)	(Submit)	100-0) (SUDI	IIII ACO-4)		



Oil & Gas Well Drilling Water Wells Geo-Loop Installation

Paola, KS 66071

Phone: 913-557-9083 Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC Heeler #W9 API#15-121-29,592

September 3 - September 5, 2013

	1 12111201 0	problemmet 2' 50.13
Thickness of Strata		
2	<u>Formation</u>	<u>Total</u>
10	soil & clay	2,
	broken lime	12
9	sandstone	
7	shale	21 grey, no water
21	lime	28
18	shale	49
22		67 red
100	lime	89
16	shale	189
	lime	205
12	shale	217
5	lime	
11	shale	222
5	lime	233
35		238
13	shale	273
15	lime	286
	shale	301
12	lime	313
2	shale	
12	lime	315
7	shale	327
11	lime	334
	ııme	345 15% black bleeding lime, 85% white lime
13		good bleeding
	lime	358
5	shale	363
12	lime	
22	. shale	375 base of the Kansas City
6	silty shale	397
8	sand	403
118		411 green & grey, good bleeding (gassy)
7	shale	529 (gassy)
8	lirne ·	536
	lime	
37	shale	544 5% bleeding lime, 95% lime, ok bleeding 581
1	coal	. 001
12	shale	582
2	lime	594
13		596
3	shale	609
17	lime	612
	shale	629
7	lime	
		636 base of the Fort Scott

shale 2.5 3.5 3 47 shale oil sand broken sand oil sand broken sand shale shale	667 668.5 brown sand, light bleeding 673 brown & green, ok bleeding, gassy 676 brown sand, good bleeding, gassy 678 75% brown sand, 25% shale, gassy good bleeding 725 TD
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Drilled a 9 7/8" hole to 22.4' Drilled a 5 5/8" hole to 725'

Set 22.4' of 7" surface casing cemented with 6 sacks of cement

Set 715.8' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp



262104

LOCATION OXNAWA KS

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WELL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COULTE
95.13	4888	Heclor W. 9		NW 9		-	COUNTY
USTOMER	20 00			建工作工作	/7	22	mi
ALING ADDRI		2.92		TRUCK#	DRIVER	TRUCK #	DRIVER
				712	Fre Mad		DRIVER
1 0 1 7	75 Jady	STATE ZIP CODE	<u></u>	495	Ko: Car		
Penla	1			370	Arlmed		
9 TYPE	mersty box		L	570	Sar Tuc		
SING DEPTH	7160 1		HOLE DEPTH_ TUBING	7251	Casing Size & WI	The second secon	EUE
URRY WEIGH	T \$	LURRY VOL.	MATER	44444		OTHER	- ,
SPLACEMENT	- 4.16 BA	USPLACEMENT PSI	STW MET		CEMENT LEFT IN C	ASING J/2	P14_
MARKS: 4	3 104 6 4 40 15	So Or Time New York No. N. A.	E - V	4 1 1 1			
Pomp							P-
MS	Cemin	+ 3% C=0 12 = F	hours S	00/sk	0 2 2 3	o/so P	<u> </u>
SUV		IN MY THEORY OF WE	- NA A B /	The state of the s	7% 6	A 21	
Rus	La Co	1 1 C) (m 1 . M)		V - 0 12 -1 4	./ 0 - 1	'A A .	
Rale	ase prof	Sove to set t	Cloat Ve	lua is	L Y B AUG		
	/				IN CO	sing_	
			Conclusion —		7		
				7	O Made		
coount I		we would be with the same of t		1-1			

CODE	QUANITY OF UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE 495	 	
5400	20 m;	MILEAGE		10859
5402	716	Casing Footage 495	 	870
J 402	Minimum	Ton Miles 548		Ne
5502C	1/2 hr	so BBC Vac Truck 370	A	36A9 /35°
1124	106 sks	50/50 Por Mix Coment		12/905
11180	278#	Premium Gol		611
21074	53 ⁴	22 Rubber Plus		71 5
- H402		22 Rubber Ply		295
		7 1.0	04/50	
HORIZHEM	ife	7.4%	SALES TAX ESTIMATED TOTAL DATE	3155 42

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 observice on the back of this form are in effect for services identified on this form