



KANSAS CORPORATION COMMISSION 1169906  
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: \_\_\_\_\_



1169906

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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 41610  
LOCATION Eureka KS  
FOREMAN Shannon Felck

O Box 884, Chanute, KS 66720  
20-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-073-24188 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-15-13		Pixlee B #6	8	22S	10E	G.W.	
CUSTOMER <u>R + W Energies</u>		3 Rivers Exploration		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 427</u>				<u>445</u>	<u>DAVE G</u>		
CITY <u>Madison</u>		STATE <u>KS</u>	ZIP CODE <u>66860</u>	<u>515</u>	<u>CHRIS M</u>		
				<u>667</u>	<u>DANNY B</u>		

JOB TYPE 4/5 HOLE SIZE 7 7/8" HOLE DEPTH 2385' CASING SIZE & WEIGHT 4 1/2" @ 10.50 #/ft  
 CASING DEPTH 2384' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.8-13.0 SLURRY VOL \_\_\_\_\_ WATER gal/sk 8.4 + 9.0 CEMENT LEFT in CASING 0  
 DISPLACEMENT 38 Bbl DISPLACEMENT PSI 650 MIX PSI 1050 RATE 5 BPM

REMARKS: Rig up to 4 1/2" casing, Break circulation w/ 10 Bbl H2O, mixed 150 SKS 60/40 Pozmix cement w/ 8% gel & 2# phenoseal/sk as our lead cement, Tailed in w/ 100 SKS Thickset cement w/ 5# Kot-seal/sk & 1# phenoseal/sk. Shut down wash out pump & lines, displace w/ 10 Bbl H2O, Final pumping pressure of 650psi bumped plug @ 1050psi. plug & float held. Good circulation @ all times. Job complete

Centralizer on Joint #1, 2, 6, 8 Basket #6

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	4.20	126.00
1131	150 SKS	60/40 pozmix cement	} Lead Cement	13.18
1118B	1032 #	gel @ 8%		.22
1107A	300 #	Phenoseal @ 2#/sk		1.35
1126A	100 SKS	Thickset cement	} Tail cement	20.16
1110A	500 #	Kot-seal @ 5#/sk		.46
1107A	100 #	Phenoseal @ 1#/sk		1.35
5407	11.95 Tons	Ton mileage bulk Truck (x2)	m/c	736.00
4161	1	4 1/2" AFV Float Shoe	300.50	300.50
4129	4	4 1/2" centralizers	44.00	176.00
4103	1	4 1/2" Basket	229.00	229.00
4453	1	4 1/2" Latch down Plug	243.75	243.75
		Sub Total		7886.29
		SALES TAX		433.56
		ESTIMATED TOTAL		8319.85

vin 0737 AUTHORIZATION [Signature] TITLE Agent DATE 6-15-2013

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.



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 41605  
LOCATION Eureka KS  
FOREMAN Shannon Feck

Box 884, Chanute, KS 66720  
7431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15.073-24188 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-11-13		Pixlee B #6	8	225	10E	G.W.

CUSTOMER R + W Energies  
BILLING ADDRESS P.O. Box 427  
CITY Madison STATE KS ZIP CODE 66860

3 Rivers  
Exploration

TRUCK #	DRIVER	TRUCK #	DRIVER
445	Dave G		
667	Joey K		

B TYPE S/P 0 HOLE SIZE 12 1/4" HOLE DEPTH 210' CASING SIZE & WEIGHT 8 3/8"  
SING DEPTH 200' 6.6 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
CURRY WEIGHT 14.5-15 # SLURRY VOL 32 Bbl WATER gal/sk 6.40 CEMENT LEFT in CASING 15-20'  
DISPLACEMENT 11.5 Bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

MARKS: Rig up to 8 3/8" casing, Break circulation w/ 3 Bbl H2O, mixed 125 SKS Class "A" Cement w/ 3% calcium, 2% gel & 1/4 # Flo-seal/sk @ 14.5-15 #/gal. Displace w/ 11.5 Bbl H2O & shut casing in. Good circulation 3 all times, 8-10 Bbl slurry to pit, Job complete.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	30	MILEAGE	4.20	126.00
1015	125 SKS	Class "A" Cement	15.70	1962.50
102	355 #	Calcium @ 3%	.78	276.90
118 B	235 #	Gel @ 2%	.22	51.70
1107	32 #	Flo-seal @ 1/4 #/SK	2.47	79.04
5407	5.87 Tons	Ton mileage bulk Truck	m/c	368.00
			Sub Total	3734.14
			7.3% SALES TAX	173.02
			ESTIMATED TOTAL	3907.16

SIGNATURE [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.