

Kansas Corporation Commission Oil & Gas Conservation Division

170276

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? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt
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 Approved by: Date:

Side Two

1170276

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	Depth Top Bottom	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)		

CONSOLIDATED Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC Dept. 970 P.O. Box 4346 Houston, TX 77210-4346 MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

McFADDEN, JACK P O BOX 394 IOLA KS 66749 (620)365-7990 LANTZ #11 AO 43511 09-05-13 KS

______ Part Number Description Qty Unit Price Total 1131 60/40 POZ MIX 120.00 13.1800 1581.60 1118B PREMIUM GEL / BENTONITE 410.00 .2200 90.20 .7800 CALCIUM CHLORIDE (50#) 1102 200.00 156.00 1107A PHENOSEAL (M) 40# BAG) 120.00 1.3500 162.00 1118B PREMIUM GEL / BENTONITE .2200 200.00 44.00 4402 2 1/2" RUBBER PLUG 59.00 2.00 29.5000 Description Hours Unit Price Total 485 CEMENT PUMP 1.00 1085.00 1085.00 485 EQUIPMENT MILEAGE (ONE WAY) 50.00 4.20 210.00 611 MIN. BULK DELIVERY 1.00 368.00 368.00

Parts: 2092.80 Freight: .00 Tax: 154.87 AR 3910.67 Labor: .00 Misc: .00 Total: 3910.67

Sublt: .00 Supplies: .00 Change: .00

Signed Date BARTLESVILLE, OK EL DORADO, KS PONCA CITY, OK OAKLEY, KS EUREKA, KS OTTAWA, KS THAYER, KS GILLETTE, WY CUSHING, OK 785/672-8822 918/225-2650 918/338-0808 316/322-7022 620/583-7664 580/762-2303 785/242-4044 620/839-5269 307/686-4914





LOCATION Eureky

FOREMAN STEWNARD

DATE

	1	nute,	KS	66720	
J	or	800-	467-	8676	

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

,0	or 800-467-867	5		CEMEN				
ATE	CUSTOMER#	WE	LL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
7.5.13	5321	Lantz	// Ao				T 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Allen
USTOMER	The second second							
Jack A	ucFadden RESS				TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDR	RESS				485	Alan m.		
P.o.Be	× .394	10 70	Maria de la compansión de		611	Joey		
YTK		STATE	ZIP CODE					
Inla		KS	66749					
	D gaisting			HOLE DEPTI	H 860'	CASING SIZE & W	/EIGHT	
ASING DEPTI	H 855	DRILL PIPE_			25	The state of the s	OTHER	
LURRY WEIG	НТ	SLURRY VOL		WATER gal/s	sk	CEMENT LEFT in	CASING	
DISPLACEMEN	IT 5 bbls	DISPLACEME	NT PSI 300F	MIX PSI plu	* 1000 to	CEMENT LEFT in		
REMARKS: S	in Fry Adres	ina Ric	UP TO 2	28 Tubin	s. Break	Circulation	W1 5601	's Fresh
10.11	Pump 200 #	Gel Flus	4+5661 N	raters pas	er Mix	12535 601	וחדים סט	x cemer
1481 -	1 29/cacla	1 1 80h	con Dorick	- 54.	days. 4	wash out a	umnxLi	nes. STUS
2 alua	Displace	411 56615	Fresh	woter	Final pum	ping Press	ure 300	+ Bum
01.00 10	cont C	acid Cem	PENT RETIN	os To Su	rface. 56	31 70 217.	Shui (wellin
na r	T-1 (1.50 B:	c down					
0-,	Jascom	112.16	FROM					
			-	Thank Yo				
					14			

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085,00	1085.00
5406	50	MILEAGE	4.70	210.00
1131	126 Sks	60140 POZMIX CEMENT	13.18	1581.601
11188	410*	Gel 4%	.22	90.20
1102	2000	Caclz 2%	.78	156.00
1107 A	126*	Phenosee 18 per/sk	1.35	162 .60
1118B	Z00 ⁺	Gel Flush	,22	44,00
5407	516 Tons	Jon Mikage Bulk Truck	m/c	368.00
4402	2	27 Top Rubber Plug	29.50	59.00
	ar talk being lest or halls	(d) well, or becoming	Subtotal	3755.80
		7.40 %	SALES TAX	154.87
avin 3737	0 1	569010	ESTIMATED	3920.67

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.

TITLE