

### Kansas Corporation Commission Oil & Gas Conservation Division

170286

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         ☐ 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?
If Workover/Re-entry: Old Well Info as follows:	
Operator:	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 #:
Spud Date or Recompletion Date  Date Reached TD  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	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

Signed

LANTZ 13 AO 43433 09-06-13 KS

\_\_\_\_\_\_

Part 1	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
1102		CALCIUM CHLOR	IDE (50#)	200.00	.7800	156.00
1107A		PHENOSEAL (M)	40# BAG)	120.00	1.3500	162.00
1118B		PREMIUM GEL /	BENTONITE	200.00	.2200	44.00
4402		2 1/2" RUBBER	PLUG	2.00	29.5000	59.00
	Description			Hours	Unit Price	Total
445	CEMENT PUMP			1.00	1085.00	1085.00
445	EQUIPMENT MILE.	AGE (ONE WAY)		50.00	4.20	210.00
479	MIN. BULK DELI	VERY		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

Date





TICKET NUMBER 43433

LOCATION Eyreka KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720 620-431-9210 or 600-467-8676

### FIELD TICKET & TREATMENT REPORT

620-431-9210	or 500-467-867	6		CEME	NT			
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-13	5321	Lanta	. 13	AD				Allen
CÚSTOMER	T.	- 11	1					
	Jack	Mcfadd	en		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR			.,		445	Dave 6		7 1995
	P-c	. Box 39	4		479	Alan B		
CITY	1	STATE	ZIP CODE					
Io.	la	KS	66749	*18				
JOB TYPE 4	15 0	HOLE SIZE		_ _HOLE DEP1		CASING SIZE & V	VEIGHT	
CASING DEPTH	1850'	DRILL PIPE		_TUBING2	8		OTHER	
SLURRY WEIGI	нт <i>13.4 #</i>	SLURRY VOL		WATER gal		CEMENT LEFT in	CASING	
DISPLACEMEN		DISPLACEMENT	PSI 300	MIX PSI Bu	mp Phy @ 70	PRATE DISPLA	ue @ 1	BPM
REMARKS: R	19 UD to	278"	Tubing,	Break	circulation	1/ /		901
flush, 3	Bbl Hzo	Spaler,	mited	120	sks 60/	40 pormi	il Cemen	+ W/4
40 gel,	2% cala	um 4 /3	e Phenose	//	@ 13.7 #1	gal. Shut	down	wash
004 DUN	mp + line	5. Stuff	2 pl	UG5 4	- displate	W/5 B	b/ HZO.	Final
pumping	DVESSURE	of 300	PSi, bu	imped	Plugs @	700 psi. S	That we	1/inp
OPSIL.	Good circ	Vlation @	' / /	times,	3 Bbl.	Slurry +	o pit.	Joh
Complex	1				,			
to be	a periore with the	11	,	,		16		
1000	statt n	T	hanks	Shann	non 4 CVE	ew"		
and the effect	mand I we as				MILIPERATURE			
ACCOUNT	QUANITY	or UNITS	DE	SCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	50	MILEAGE	4,20	210.00
1131	120 5ks	60/10 pozmik cement	13.8	1581.60
1118B	410 #	6e/ @ 4%	, 22	90,201
1102	200#	Calcium @ 2%	. 78	156,001
1107A	120#	Phenoseal @ 1 #/sk	1.35	162.00
5407	5.16 Tons	Ton mileage bulk Truck	MC	368,00
11/8 8	200#	Gel Flush	. 22	44,001
4402	2	2%" Rubber Plugs	29.50	59.00
			Sub Total	3755.80
		0 0 100 7.4%	SALES TAX	194,81
in 3737	Kind	860 109	ESTIMATED TOTAL	3910.67
UTHORIZTION_	CALLED BY JACK A	Mc FAdden TITLE	DATE	

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.