Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1167841

Form ACO-1 August 2013 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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Oil WSW SWD SIOW	Elevation: Ground: Kelly Bushing:
□ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:      Dual Completion Permit #:	Dewatering method used:
Dual Completion         Permit #:           SWD         Permit #:	Location of fluid disposal if hauled offsite:
ENHR     Permit #:	Location of huid disposal if hadied offshe.
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken (Attach Additional Sheets)		Yes No		Log Formatio	on (Top), Depth an	Sample	
Samples Sent to Geolog	jical Survey	Yes No	Nan	ne		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-o		ew Used ermediate, product	ion, 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 / SQ	UEEZE RECORD		· · · · · · · · · · · · · · · · · · ·	
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	xks Used Type and Percent Additive		ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

No (If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For	RECOF	RD - Bridge P Each Interval F	lugs Set/Typ Perforated	e	,		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	I
Date of First, Resumed	l Producti	on, SWD or ENHF	<b>}</b> .	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		246.			METHOD				PRODUCTION IN	
DISPOSITION OF GAS:		Open Hole			Commingled		ILNVAL.			
(If vented, Su	bmit ACO	-18.)		Other (Specify)		(Submit /	,	(Submit ACO-4)		

Yes

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner Sam Brownback, Governor

November 12, 2013

P.J. Buck Jones & Buck Development, LLC PO BOX 68 SEDAN, KS 67361-0068

Re: ACO1 API 15-019-27354-00-00 Bales 19-7 NW/4 Sec.19-34S-12E Chautauqua County, Kansas

**Dear Production Department:** 

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, P.J. Buck

23 - M				
CONSOLIDA Oil Well Service	Consolidated Oil Wall	Services, LLC 0 346	Chanu 620/431-9210 • 1-8	AIN OFFICE P.O. Box 884 tte, KS 66720 300/467-8676 520/431-0012
INVOICE			Invoice #	263546
Invoice Date: 10/29/2				age 1
J. B. D. % P. J. P.O. BOX 68 SEDAN KS 67361 (620)725-3636		BALES 19-7 5220000731 L0/28/13 L9-34S-12E KS		
1126     C       1118B     F       1107A     F       1110A     K       1111     S	Description DIL WELL CEMENT PREMIUM GEL / BENTONITE PHENOSEAL (M) 40# BAG) COL SEAL (50# BAG) SODIUM CHLORIDE (GRANULA 4 1/2" RUBBER PLUG	$ \begin{array}{r} 110.00\\ 150.00\\ 40.00\\ 650.00 \end{array} $	1.3500 .4600 .3900	Total 2172.50 33.00 54.00 299.00 273.00 47.25
9995-240 C	Description CEMENT EQUIPMENT DISCOUN CEMENT MATERIAL DISCOUNT	F .		Total -103.51 -143.94
Description 486 MIN. BULK DELIVE PLUG 4 1/2" PLUG CONT T-133 CEMENT PUMP T-133 CASING FOOTAGE T-133 EQUIPMENT MILEAG	TAINER	Hours 1.00 1.00 1.00 1055.00 38.00	1085.00	Total 368.00 215.00 1085.00 242.65 159.60

Amount Due 5183.62 if paid after 11/08/2013

Parts:	2878.75 Freight:	.00 Tax:	222.89 AR	4924.44
Labor:	.00 Misc:	.00 Total:	4924.44	
Sublt:	-247.45 Supplies:	.00 Change:	.00	

# 10/28/2013

# #263546

#### CONSOLIDATED Of Weid Berniege, LLC CEMENT FIELD TICKET AND TREATMENT REPORT

tomer	Jones & Buck Development A General Partnership	State, County	Chautaugua, Kansas	Cement Type	CLA	ASSA
Гуре	Long String	Section	19	Excess (%)		0%
mer Acct #	4291 Long Ouring	TWP	345	Density		14
No.	Bales 19-7	RGE	12E	Water Required		7.9
ing Address		Formation		Yeild		.74
& State	*	Tubing		Sacks of Cement		10
Code		Drill Pipe		Slurry Volume		34
tact		Casing Size	4 1/2	Displacement		6.7
ul *		Hole Size	6 3/4	Displacement PSI		0/700
atch Location	PADTI FOULL F	Casing Depth	1055	MIX PSI		00
and the second	BARTLESVILLE	Hole Depth		Rate	4	4.5
0	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit		
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$	1,085.00
5402	FOOTAGE	1055	PER FOOT	\$0.23	\$	242.65
5406	EQUIPMENT MILEAGE (ONE-WAY)	38	PER MILE	\$4.20	\$	159.60
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$	368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$	215.00
0			0	\$0.00	\$	-
0			0	\$0.00	\$	•
0			0	\$0.00	\$	•
0	l	1	0	\$0.00	\$	-
<u></u>				EQUIPMENT TOTAL	5	2,070.25
	Cement, Chemicals and Water	L			L	
	WC. CEMENT (CAL SEAL) 6%OWC. 2% CAL.CLORIDE 2% GE		0	\$19.75	\$	2,172.50
1118B	PREMIUM GEL/BENTONITE (50#)	150	0	\$0.22	\$	33.00
1107A	PHENOSEAL	40	0	\$1.35	\$	54.00
1110A	KOL SEAL (50 # SK)	650	0	\$0.46	\$	299.00
1111	GRANULATED SALT (50#) SELL BY #	700	0	\$0.39	\$	273.00
0			0	\$0.00	\$	-
0			0	\$0.00	\$	-
0			0	\$0.00	\$	
0			0	\$0.00	\$	
0			0	\$0.00	\$	•
0	l	L	0	\$0.00	\$	
	· · · · · · · · · · · · · · · · · · ·			CHEMICAL TOTAL	\$	2,831.50
	Water Transport					
0			0	\$0.00	\$	•
0			0	\$0.00	\$	-
0			0	\$0.00	\$	-
			Т	RANSPORT TOTAL	\$	-
	Cement Floating Equipment (TAXABLE)					
	Cement Basket					
0			0	\$0.00	\$	-
	Centralizer					
0			0	\$0.00	\$	-
0			0	\$0.00	\$	-
	Float Shoe					
0			0	\$0.00	\$	
	Float Collars	and the second				
0			0	\$0.00	\$	-
	Guide Shoes		· · · · · · · · · · · · · · · · · · ·			
0		10	0	\$0.00	\$	-
	Baffle and Flapper Plates					
0			0	\$0.00	\$	-
	Packer Shoes					
0			0	\$0.00	\$	-
	DV Tools			· · · · · · · · · · · · · · · · · · ·		
0			0	\$0.00	\$	-
	Ball Valves, Swedges, Clamps, Misc.			Y		
0			0	\$0.00	\$	
0			0	\$0.00	\$	-
0			0	\$0.00	\$	<u> </u>
	Plugs and Ball Sealers		Y			
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$	47.25
	Downhole Tools			1		
0			0	\$0.00	\$	
0			CEMENT FLOATING E			47.25
U	DRIVER NAME		8.30%	SUB TOTAL SALES TAX	\$	4,949.00
		1	0.30%	TOTAL		5.183 4
656	John Wade	1				
656 700/123	Marrs, Casey		5%			259.40
656				(-DISCOUNT)	\$	259.40
656 700/123	Marrs, Casey				\$	259.40 ,92.4.44

DATE

FOREMAN 6 ber to

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.