

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1177357

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 # _____

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
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

☐ Confidentiality Requested

Date: _____

☐ Confidential Release Date: _____

☐ Wireline Log Received

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center; font-size: small;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No (If No, skip questions 2 and 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
TUBING RECORD: Size: Set At: Packer At:			Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
--	--	---

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

January 13, 2014

jim dixon
Dixon, James David
1214 CYCLONE
MOLINE, KS 67353-5307

Re: ACO-1
API 15-049-22586-00-00
webb 2B
SE/4 Sec.14-31S-10E
Elk County, Kansas

Dear jim dixon:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 8/23/2013 and the ACO-1 was received on January 10, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 43471
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
8-29-13	2457	Webb #2B	14	31	10E	EIK																
CUSTOMER <u>Jim Dixon</u>			<table border="1"> <tr> <th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr> <tr> <td>57</td><td>Chris B.</td><td></td><td></td></tr> <tr> <td>515</td><td>Calby</td><td></td><td></td></tr> <tr> <td>667</td><td>Merle</td><td></td><td></td></tr> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	57	Chris B.			515	Calby			667	Merle		
TRUCK #	DRIVER	TRUCK #					DRIVER															
57	Chris B.																					
515	Calby																					
667	Merle																					
MAILING ADDRESS <u>1214 Cyclone</u>																						
CITY <u>Moline</u>	STATE <u>IL</u>	ZIP CODE <u>62353</u>																				
Dixon Drilling Rig #2																						

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 2222' CASING SIZE & WEIGHT 5 1/2"
CASING DEPTH 2200 K.B. DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 126# - 136# SLURRY VOL 101 Bbl WATER gal/sk 8.0 - 9.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 52 1/2 Bbl DISPLACEMENT PSI 800 PSI 1300 Bump plug RATE _____

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Break circulation w/ 5 Bbl fresh water. Mixed 210 sacks 60/40 Pozmix cement w/ 8% gel + 1# phenoseal/sk @ 12.6#/gal. Tail in w/ 125 sacks thickset cement w/ 5# Kol-seal/sk + 1# phenoseal/sk @ 13.6#/gal. Washout pump + lines, release latch down plug. Displace w/ 52 1/2 Bbl fresh water. Final pump pressure 800 PSI. Bump plug to 1300 PSI. release pressure, float + plug held. Good cement returns to surface = 30 Bbl slurry to pit. Job complete. Rig down.

RECEIVED
KANSAS CORPORATION COMMISSION

Baskets on jt. 6, 24
Centralizers on jt. 1, 3, 5, 23, 25, 27

"Thank You"

JAN 13 2014

CONSERVATION DIVISION
WICHITA, KS

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	35	MILEAGE	4.20	147.00 ✓
1131	210 sacks	60/40 Pozmix cement	13.18	2767.80 ✓
1118B	1445#	8% gel	.22	317.90 ✓
1107A	210#	1# phenoseal/sk	1.35	283.50 ✓
1126A	125 sacks	thickset cement	20.16	2520.00 ✓
1110A	625#	5# Kol-seal/sk	.46	287.50 ✓
1107A	125#	1# phenoseal/sk	1.35	168.75 ✓
5407A	15.9	ten mileage bulk trucks x 2	1.41	784.67 ✓
4104	2	5 1/2" cement baskets	240.00	480.00 ✓
4130	6	5 1/2" x 7 7/8" centralizers	50.50	303.00 ✓
4159	1	5 1/2" AFV float shoe	361.00	361.00 ✓
4454	1	5 1/2" latch dam plug	266.75	266.75 ✓
		Total - \$10,327.44		9772.87
		- 5% disc 516.37		554.57
		\$9811.07		526.00
		SALES TAX		554.57
		ESTIMATED TOTAL		10,327.44

Ravin 3737

AUTHORIZATION

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.

STATEMENT

50809

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date _____

March 1st 1880

Customer

Address

City _____ State _____ Zip _____

City _____ State _____ Zip _____

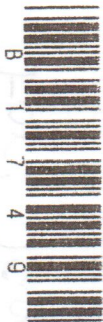
City _____ State _____ Zip _____

[illegible]

Thank You – We appreciate your business!

Rec'd. by

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



B-1443

Thank You!

Authorized Signature

(X)

CHECK: \$52.42
CHANGE: \$0.00

Subtotal: \$47.80
9.65% - State Tax: \$4.62
TOTAL: \$52.42

PORTLAND CEMENT 92.6#	
RM44816	
4.00 EACH @ \$11.95 T	\$47.80

*** SALE ***

Transaction#: 81749
Associate: GC
Date: 08/21/2013 Time: 01:51:37 PM

Ackerman Hardware & Lumber Company
160 East Main Street
Sedan, KS 67361
(620) 725-3103