

C	onfiden	tiality	Requested:
	Yes	N	lo

## Kansas Corporation Commission Oil & Gas Conservation Division

1182796

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:			Sec.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	W	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	Permit #:		Operator Name:		
			Lease Name:		
Spud Date or Date R	eached 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 Approved by: Date:

Page Two



Operator Name:				Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whet vith final c	ther shut-in pre hart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bod.	ottom hole temp	erature, fluid re	ecovery,
Final Radioactivity Lo files must be submitte						gs must be ema	liled to kcc-well-	ogs@kcc.ks.go	v. Digital electi	ronic log
Drill Stem Tests Taker (Attach Additional		Ye	es No			J	on (Top), Depth		Samp	
Samples Sent to Geo	logical Survey	Ye	es No		Nam	e		Тор	Datum	1
Cores Taken Electric Log Run		☐ Ye								
List All E. Logs Run:										
				RECORD	Ne					
	0: 11.1					ermediate, product		" 0 1	T 15	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Pe Additive	
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks Used Type and Percent Additives						
Perforate Protect Casing	Top Detterm					_				
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment of	on this well?	•			Yes	No (If No, s	kip questions 2 a	nd 3)	
Does the volume of the t			_		-		= ` `	kip question 3)		
Was the hydraulic fractur	ing treatment information	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, f	ill out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Ceme			Depth
						(			_	
TUBING RECORD:	Size:	Set At:		Packer A	<del></del>	Liner Run:				
		0017111				[	Yes N	0		
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gra	avity
DIODOCITI	01.05.040			4ETUOD 05	001451	TION		DDODUCT	ONLINITED (A)	
DISPOSITION Solo	ON OF GAS:  Used on Lease		N Open Hole	∥ETHOD OF ☐ Perf.			nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)			





TICKET NUMBER 43673

LOCATION 180

FOREMAN Jacob Stock

PO Box 884, Chanute, KS 66720	FIELD TICKET & TREATMENT	<b>REPORT</b>
620-431-9210 or 800-467-8676	CEMENT	40:

620-431-9210	or 800-467-867	6	CEME	NT A	Di 15-0	35-245	33-00-00
DATE	CUSTOMER#	WELL NAM	E & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-12-13	1128	Frances	2 Swd	2.1	33	4E	contex
Alton	011		18	TDUOK #	000/00	TD11014 #	
MAILING ADDRE				TRUCK#	DRIVER	TRUCK#	DRIVER
^			JA	603	Jeramy A		
	X 112		1.00	491	Jerany M		
CITY	. 1	STATE ZIP C		702	Jacob		
winfie	R	ks 67	156			2-1	
JOB TYPES	chase B	HOLE SIZE 121/4	HOLE DEPT	H 2 22	CASING SIZE & W	EIGHT 85/8	
CASING DEPTH	209	DRILL PIPE N/A	TUBING_/			OTHER V/A	
SLURRY WEIGH	The state of the s	SLURRY VOL 29			CEMENT LEFT in		
DISPLACEMENT		DISPLACEMENT PSI			RATE 660m	CASING_IZA	
	Λ,					10111	77/
REMARKS: 50	7	eating, Bre			pump	10 001	thesh
Mix /	20'Sks			GC /2 1	a paly - Fle	ake di	splace
with	12 661	Ca Canati	na cemes	nt to	Surface	Sheet	in
		-					

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	870.00	870.00
5406	58	MILEAGE	4.20	N/C
5407A	58	5.7 ton mileage X	1.41	466.15
11045	120	Class A	15.70	1884.004
1102	350	calcium chlocide	.78	273,00
IIIRB	250	gel	.22	55.00
1107	50	poly-Flake	2.47	123.50
			Subtoki	3671.65
tvin 3737		263286 6.47	SALES TAX ESTIMATED TOTAL	383113
UTHORIZTION	m State	TILE Tool Pusher	# (=1,00 # ###)	2-13

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.



263387

TICKET NUMBER LOCATION\_180

FOREMAN Jacob

PO Box 864, Char 620-431-9210 or			CEMEN		ORT 15-035-	2U5 33-	-00 -01
DATE C	CUSTOMER #	WELL NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
10-14-13 1	128	Frances # 2	Swd	21	33	4E	cowley
CUSTOMER	D:1 LL	C	12	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS  PO BOX CITY WIN LIE W	117	STATE ZIP CODE KS 67156	Jd	603 502 702	Jeramy A Jerild Jacob		
JOB TYPE Long	Sting B	HOLE SIZE <u>フジ</u> 8	HOLE DEPTH	2616	CASING SIZE & WE	EIGHT <u>\$ /2</u>	15/6
CASING DEPTH	J	DRILL PIPE	TUBING			OTHER	
SLURRY WEIGHT	4.516	SLURRY VOL	WATER gal/sl	<u> </u>	CEMENT LEFT in C	ASING	
DISPLACEMENT_	2.86	DISPLACEMENT PSI 700	MIX PSI 3	23	RATE 66PM	<u> </u>	
REMARKS: Say	Hy m	eating Break	curcu	lation	pump	10 bbl	flesh
water m	130	Ska class	4 3/19	el 2/4	1 5/ kol.	seal di	solace
with	bbl	landing plug	at o	95	check	Hoat	Float
held Jo	ob co	mpleter 10					
		T					

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	1085,00	1085,00
5406	55	MILEAGE ~	4.20	231,00
5407 A	55	ton mileage bill	1,41	473.83
5402	200	footage.	. 23	N/C
11045	130	class A	15,70	2041.00
102	240	calcium chloride	.78	187.20
18 B	450	ge.	.22	99,00
11101	650	Jkol-Scal	,46	299,00
4104	2	51/2 Baskets	290,00	580,00
1130	6	5/2 centralzer	61.00	366,00
1159		5/2 float shoe	361,00	361.00
1311		11 Shoe Joint	120,00	120.00
1306		Thread Look	65,00	N/C
1454		51/2 Latch down plug	2/26,75	266,75
	<u> </u>			
			Subtotal	6109 22
			Ju Di Ju	010 1170
		6,40	SALES TAX	276.47
in 3737		- 0	ESTIMATED	28/2 20

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