

1183733

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <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:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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

Date 12/27/2013 District Liberal # 21 Ticket No. 52044
 Company American Warrior Rig Duke #9
 Lease Neeley Well No 8
 County Finney State KS

Location _____
 Field _____

Casing Data Conductor PTA Squeeze Misc.
 Surface Intermediate Production Liner

Size 8 5/8 Type _____ Weight 24 Collar _____

Casing Depths Top _____ Bottom 1750

Drill Pipe: BBLS/LIN. FT _____ LIN. FT/BBL _____
 Open Hole: BBLS/LIN. FT _____ LIN. FT/BBL _____
 Capacity Factors: BBLS/LIN. FT _____ LIN. FT/BBL _____
 Casing BBLS/LIN. FT _____ LIN. FT/BBL _____
 Open Holes BBLS/LIN. FT _____ LIN. FT/BBL _____
 Drill Pipe BBLS/LIN. FT _____ LIN. FT/BBL _____
 Annulus BBLS/LIN. FT _____ LIN. FT/BBL _____
 BBLS/LIN. FT _____ LIN. FT/BBL _____
 Perforations From _____ ft to _____ ft Amt _____

CEMENT DATA

Spacer Type _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

LEAD: Time _____ hrs. Type 60/40 4%gel 1/4flo
 Excess _____

Amt. 170 Sks Yield 1.4 ft³/sk Density 14.1 PPG
 TAIL: Time _____ hrs. Type _____

Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG
 WATER Lead 6.7 Gal/sk Tail _____ Gal/sk Total _____ BBLs

Pump Trucks Used: 549-550

Bulk Equipment 869-841

Float Equipment: Manufacturer _____
 Shoe: Type _____ Depth _____
 Float: Type _____ Depth _____
 Centralizers: Quantity _____ Plugs Top _____ Bottom _____
 Stage Collars _____
 Special Equipment _____
 Disp: Fluid Type _____ Amt _____ bbls Weight _____ PPG
 Mud Type _____ Weight _____

COMPANY REPRESENTATIVE _____

CEMENTER Aldo Espinoza

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED PER TIME PERIOD	RATE BBLs/MIN	
12:30pm						On location at 12:30pm
1:32pm	150		10		3	H2O water ahead total of 10 bbls
1:35pm	150		12.4		3	12.4 bbls of slurry of cement total of 50sk plug
1:42pm	100		25		4	Displacemet of 25 bbls with mud plug balanced out and broke off for rig to pull drill pipe out to 1150'
2:15pm	200		25		4	Cleaning out hole with 25 bbls of h2o
2:25pm	150		12.4		4	Mixing another 50sk @1150ft 12.4 Slurry
2:29pm	100		13		3	Displacement of 13bbls displacement
2:38pm						plug balance and broke off to pull drill pipe to 60'
3:25pm	80		10		4	Pumping 10bbls ahead
3:27pm	50		5		3	20sk plug 5bbl slurry until you see cement to surface
3:35pm	50		7.5		3	30sk plug on the Rat hole pump intel cement to surface
3:45pm	50		5		3	20ak plug on the Mouse hole pump intel cement to surface
						washing up to pit all done
						Rigging down
4:30pm						Leaving location at 4:30pm