



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184065
OIL & GAS CONSERVATION DIVISION

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
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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: _____

1184065

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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CONSOLIDATED
Oil Well Services, LLC

260035

TICKET NUMBER 42033

LOCATION Ottawa, KS

FOREMAN Chris Kennedy

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
6/20/13	3554	Brown # 18	NE 30	17	22	MI

CUSTOMER
Herrick, John

MAILING ADDRESS
3553 Oregon Rd

CITY Ottawa STATE KS ZIP CODE 66097

TRUCK #	DRIVER	TRUCK #	DRIVER
481	Casken		
666	Garlloo		
503	DarDet		
369	DerMas		

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 585' CASING SIZE & WEIGHT 5 7/8" EVE

CASING DEPTH 575' DRILL PIPE _____ TUBING pin - 571' OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4'

DISPLACEMENT 3.31 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.5 bpm

REMARKS: held safety meeting, established circulation, 1000 gal mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 77 gal 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to pin w/ 3.31 bbls fresh water, pressured to 500 PSI, shut in casing.

BTG

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00
5406	20 mi	MILEAGE		84.00
5402	575'	casing footage		
5407	1/2 minimum	ton mileage		184.00
5502C	1.5 hrs	FO Vac		135.00
1124	77 gal	50/50 Pozmix cement		885.00
1118B	229 #	Premium Gel		50.38
1402	1	2 1/2" rubber plug		29.50
			7.55%	SALES TAX
				ESTIMATED TOTAL
				72.89
				2526.77

Revin 3737

AUTHORIZATION John Herrick 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.

Sec. 30, Twp. 17, Rng. 22
 Mi. Co., Kansas
 9475 FSL 165 FEL
 API # 15-121-29382

HUGHES DRILLING REPORT

Well No. #18
 Farm Brawn
 SURFACE CASING
 Size 7"
 Feet 23.8
 Circulated 7 sx cement

PERMANENT CSG.
 Size 2 3/8" 85d EVE
 Feet 575' Bolt at 571'
 Seaming nipple at 524'
 T. D. at Completion 585'

OPERATOR John Herrick
 Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
4	Soil	4
26	Clay	30
14	Shale	44
19	Lime	63
25	Shale	88
5	Lime	93
47	Shale	134
15	Lime	149
10	Shale	159
30'	28 Lime	187
8	Shale	195
20'	22 Lime	217
4	Shale	221
5	Lime	226
3	Shale	229
Herrick	5 Lime	234
128	Shale	362
3	Red Bed	365
3	Shale	370
2	Lime	372
2	Shale	374
5	Sdy Shale	379
13	Shale	392
17	Lime	409
40	Shale	449
5	Lime	454
13	Shale	467
2	Lime	489
20	Shale	499
2	Red Bed	501
7	Shale	508
4	Lime	512
4	Shale	516
5	Lime	521
5	Shale	526
9	oil sand	535
50	Shale	585
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
6/24/13	0	4	Soil	(1) 21.5-21.5
	4	30	Clay	(2) 22.5-44.0
6/25/13	30	44	Shale	(3) 22.5-66.5
23	44	63	Lime	(4) 22.5-89.0
5 7/8	63	88	Shale (BRKN 83-88)	(5) 22.5-111.5
PDC BIT	88	93	Lime	(6) 22.5-134.0
	93	134	Shale	(7) 22.5-156.5
	134	149	Lime	(8) 22.5-179.0
	149	159	Shale	(9) 22.5-201.5
30'	159	187	Lime	(10) 22.5-224.0
	187	195	Shale (Slate 188-189)	(11) 22.5-246.5
20'	195	217	Lime	(12) 22.5-269.0
	217	221	Shale (Slate 217-218)	(13) 22.5-291.5
	221	226	Lime	(14) 22.5-314.0
	226	229	Shale	(15) 22.5-336.5
"Herrick"	229	234	Lime	(16) 22.5-359.0
	234	362	Shale (BRKN 237-239)	(17) 22.5-381.5
	362	365	Red Bed	(18) 22.5-404.0
	365	370	Shale	(19) 22.5-426.5
	370	372	Lime (BRKN)	(20) 22.5-449.0
	372	374	Shale	(21) 22.5-471.5
"Penu"	374	379	Sandy shale	(22) 22.5-494.0
	379	392	Shale	(23) 22.5-516.5
	392	409	Lime	(24) 22.5-539.0
	409	449	Shale	(25) 22.5-561.5
	449	454	Lime	(26) 22.5-584.0
	454	467	Shale	

