



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184639
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: _____

1184639

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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ORIGINAL



OILWELL CEMENTERS, INC

P.O. BOX 510 - PHONE (580) 229 - 1776
HEALDTON, OKLAHOMA 73438

P.O. NO. _____
DATE 9/10/2013

MCCANN OIL CO. 1613 W. 6TH BARTLESVILLE, OKLAHOMA 74003

NAME OF COMPANY _____ MAILING ADDRESS _____

WELL OWNER _____ MAILING ADDRESS _____

MARK MCCANN

NAME OF CONTRACTOR _____ MAILING ADDRESS _____

TERMS: Accounts Due and Payable Upon Receipt. 1.5% (18% per yr) Finance charge Added to Accounts 30 Days Past Due.

Well owner or his Representative

FARM _____ DEARMOND _____ WELL NO. M-12
COUNTY _____ SEC _____ TWN _____ RGE _____

KIND OF JOB _____ LONGSTRING

SIZE OF PIPE 4 1/2" SIZE OF HOLE 6 3/4"

DEPTH OF _____ DEPTH _____
WELL 1015 WELL CEMENTED 1015 PLUG STOPPED 1015

KIND OF CEMENT _____ REG, 10% SALT, 1/4# FLOCELE

ASH MIX _____

AMOUNT _____ 160 SKS W/ 35% EXCESS

PRESSURE _____ MAXIMUM 1200 MINIMUM 300

TIME OUT _____ 8:00AM ON LOC 10:00AM

JOB STARTED _____ 11:00AM COMPLETE 11:32AM

TYPE FLOATING EQUIPMENT _____

PRICE REF. NO. 1 @ \$600.00 \$600.00

FEET @ \$0.25 \$0.00

158 TRUCK MILES @ \$4.00 \$632.00

53 PICKUP MILES @ \$2.00 \$106.00

CONN. OVER 6 FT. @ \$650.00 \$0.00

EXTRA HRS ON LOC. @ \$250.00 \$0.00

PLUG CONTAINER @ \$0.00 \$0.00

@ \$0.00 \$0.00

@ \$0.00 \$0.00

@ \$0.00 \$0.00

PUMP TRUCK CHARGES @ \$0.00 \$0.00

TRUCK NO.	241	BULK CEMENT
CEMENT	160	SACKS @ \$11.50 \$1,840.00
ASH MIX		SACKS @ \$12.00 \$0.00
% GEL		SACKS @ \$0.00 \$0.00
		CACL @ \$0.60 \$0.00
50		FLO SEAL @ \$2.50 \$125.00
700		SALT @ \$0.50 \$350.00
		FLA @ \$9.25 \$0.00
1		TRP-TWP @ \$65.00 \$65.00
		GUIDE SHOE @ \$0.00 \$0.00
		FLOAT SHOE @ \$0.00 \$0.00
		FLOAT COLLAR @ \$0.00 \$0.00
		INSERT FLOAT @ \$0.00 \$0.00
		CENTRALIZERS @ \$0.00 \$0.00
		BASKETS @ \$0.00 \$0.00
		MUDD FLUSH @ \$1.00 \$0.00
		KCL @ \$40.00 \$0.00
		AFU KIT @ \$60.00 \$0.00
		SAND @ \$0.50 \$0.00
		THREAD LOCK @ \$60.00 \$0.00
		@ \$0.00 \$0.00
\$0.00		MATERIAL COST \$2,380.00
\$0.00		OKLA. SALE TAX \$0.00
\$0.00		COUNTY SALE TAX \$0.00
\$0.00		DUMPING CHARGE 160 \$4.00 \$640.00
\$1,338.00		TOTAL MATERIALS \$3,020.00

PUMP TRUCK	\$1,338.00
Sub Total	\$4,358.00
Discount 10%	\$435.80
TOTAL	\$3,922.20

TRUCK NO. 223
CEMENTER M. HOLDERFIELD

HELPER: D. HEINE/D. CHACE/C. GARNER

REMARKS: BREAK CIRC., MIX AND PUMP 160 SKS REG CEMENT, WASH PUMP AND LINES, RELEASE PLUG. DISPLACE W/ 17 BBLs F/W. BUMPED PLUG, FLOAT HELD.

CK # 3975

INVOICE NO. 30417



Southwinds Energy, LLC Drillers Log

Operator: Quito, Inc.

Address: 1613 W 6th

Bartlesville, OK 74003

Lease	Dearmond
Well No.	M-12
Footage Location	Section 15 T34 R12E
	1980 FSL & 330 FWL
Contractor	Southwinds Energy, LLC
Spud Date	9/3/2013
Date Completed	9/6/2013
Total Depth	1016'

Casing Record	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Cement
Surface	12.25"	8.625"	20 lbs./ft	42.7	Portland - 15sx
Production	6.75"	4.5"	9.5 lbs./ft	1011	-

Well Log

Formation	Top	Bottom	Formation	Top	Bottom
Topsoil	0	3	Sandy Shale	630	647
Clay	3	13	Sand	647	654
Lime	13	27	Shale	654	715
Sand	27	44	Lime	715	719
Shale	44	54	Sand	719	765
Sand	54	69	Shale	765	894
Shale	69	92	Lime	894	896
Sand	92	122	Shale	896	910
Shale	122	186	Lime	910	912
Sand	186	212	Shale	912	916
Shale	212	268	Lime	916	933
Sand	268	286	Sand	933	963
Lime	286	296	Shale	963	986
Shale	296	336	Lime	986	1016
Sand	336	348			
Lime	348	352			
Sand	352	391			
Sandy Shale	391	541			
Sand	541	543			
Shale	543	608			
Sand	608	630			



Invoice

COPY

Invoice #: 19511

Invoice Date: 9/17/2013

P.O. DRAWER H
CHANUTE, KS 66720

(620) 431-9308

Bill To:

Quito, Inc.
1613 W. 6th Street
Bartlesville, OK 74003-3712

Date	Description	Hours/Qty	Amount
9/13/2013	DEARMOND #M-12 CHAUTAUQUA COUNTY, KANSAS		
	GAMMA RAY/NEUTRON - CEMENT BOND LOG PERFORATED WITH 3-1/8" SLICK TAG GUN		750.00
	30 SHOTS 945'-955'		
	30 SHOTS 931'-941'		
	60 3-1/8" SLICK TAG GUN SHOTS AT \$25 EACH	60	1,500.00
	1ST GUN RUN	1	795.00
	1 ADDITIONAL 3-1/8" SLICK TAG GUN	1	583.00
2 TWISTED STRIPS AT \$45 EACH	2	90.00	
MAST TRUCK		90.00	

THANK YOU. WE APPRECIATE YOUR BUSINESS!!

Total \$3,808.00

Balance Due \$3,808.00