

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1184848

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:	SecTwpS. R 🗌 East 🗌 West					
Address 2:	Feet from					
City: State: Zip:+	Feet from _ East / _ West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □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: Well #:					
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:					
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet					
Operator:	If Alternate II completion, cement circulated from:					
Well Name: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt. Drilling Fluid Management Plan					
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)					
Commingled Permit #: Dual Completion Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:					
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:					
ENHR Permit #:	Operator Name:					
GSW Permit #:	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. TwpS. 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:					

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	Type of Cement # Sacks Used			Type and Percent Additives				
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)				Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Smitherman, Leon C., Jr.
Well Name	Weber B 5
Doc ID	1184848

All Electric Logs Run

GAMMA RAY	
NEUTRON	
LITHOFENSITY	
X-Y CALIPER	
INDUCTION	
MICRO LOG	
SONIC	



0264019

T (ET NUMBER	43726
LOCATION 120	ERMS
FOREMAN Jaco	b storn

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

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6 Harris to Home	CEME	NT znomb				
DATE	CUSTOMER#	WELL NAME &	NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
11-11-13	7682	Webers B	Weber B #5		disv 24/99 5	s Stotovni Ro	Butter	
CUSTOMER	chi garanamay or a	Labory & R. W.O. S. Sagning	od her armut a					
	con Sn	iterer man		TRUCK#	DRIVER	TRUCK#	DRIVER	
MAILING ADDR	RESS) yet hode	lation or ower data furn	DESCRIPTIONS	4/2	Jach	e-bawalla avar	decourante	
141331	T. PPE	vary circle		491	JERGWY M	of the sentence of	C PCBR E CXV	
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wich.	Lamboure	KS 6723	30	Total monature	roles level more		A Commence of the	
JOB TYPE LO	ng String B	HOLE SIZE 77/8	HOLE DEP	тн 💈 2800	CASING SIZE & V	WEIGHT 51/2	15.5	
CASING DEPTI	12798	DRILL PIPE	TUBING	and to others	god at foreinper a	OTHER	odig III. pang-	
SLURRY WEIG	HT_15_16	SLURRY VOL47,03	366 WATER ga	l/sk	CEMENT LEFT in	CASING 134-	1 Shoc Join	
DISPLACEMEN	IT 66.33	DISPLACEMENT PSI			RATESIS &		ug 64(00) A	
REMARKS:	Saffy p	reating Bles	7	ede lion	AND QUEN	10 5661	neder	
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51/401.	ecal d	ispland	with 6	16.32hh	I leiveli	no olui		
1250	De che	ck flood	1/0c+ 1	reld I	sh coms	Jal 0	1	
	1	0.4011/11/01-231	74.49.72	collaining bee		udi technique	Emil Magazas	
			and the second	7. 313W 783 AND	eli, e komen Allij, bija	MIN 11 112	нь икольции(да	
Lore militar	CONTRACT OF RESE		a interess					
KAN HELETAX	MAW MARIO	UP 334 38 64	Page 1975 and	37 A 4 1 25 Yell 2017 1	PACE CONTRACT	termina termina	no property and	
	KARAH VILA		-2.1407.1					
	MERZ LOBIT	III AU MUHANY	1475 H	to same combin-	persuble for the	POT 96 KOD HILLS	2 25 V/C (11 - 114.)	

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	et sandredig ac victoria e te	PUMP CHARGE	1085,00	1085.00
5406	annual 8 of hammed	MILEAGE	4.20	NICIO
5407	Di aran i kao itok io kienel	Min bulk delivery	36800	368,00
11045	10 19110/17 S 33H5 1901 IS	Class A morano from his live stor only	15.70	2747,50
102	300	calcing chlorde	,78	234,00
1118 B	700	4 de la companya de l	,22	134.00
1110A	900	Kol-Scal han a nobin the purion to in	146	414.00
1446	500 901	DV1100	1,10	560,00
1169	1	51/2 AFG Floot Shop	361.00	3/1/20
4130	6	51/2 centrilizer	50.50	303.00
4114	2	51/2 Beck of the Marie Man Man Service	290.00	580 00
41124	1	51/2 Latch down plag	sou 2/6,750	211.75
1931		npigmus inconsigning incon	NA POST DE VENTRE	now available
		ells with loss of circulation	ement pings en w	cement or c
		plug to proper depth, (ii) sub-	lanunc to displace	including th
		situte to company primping or	Subtotal	7063.25
		anthas bridging of plugging, or	lugged Hoat shoe, ar	or flashing, ;
		s.left in the well, or becoming	le took (seing lost o	nd gwob (m)
		ind by any cause COWS may	SALES TAX	359.06
avin 3737		ools but will not be hable for	ESTIMATED	7/100 21

AUTHORIZTION M ATM TITLE 1001 PUShe DATE 11-17-

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



263798

TICKET NUMBE	R 43766
LOCATION_/8	0
EDDEMAN TO	RPSha 11

PO Box 884, C	hanute, KS 6672	20 FIE	LD TICKET	T & TREA	TMENT REP	ORT				
620-431-9210 or 800-467-8676			CEMEN	T API# 15-0		15	-2400.	3-00-00		
DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP		RANGE	COUNTY	_
11/7/13	7682	Weber	B	#5	19	24	\Box	5	Butler	
CUSTOMER		a			TO HOLE			AND	Market Control	
Smither MAILING ADDRE	man Leon	Cindr			TRUCK#	DRIVER	-	TRUCK #	DRIVER	
		0'0			467	Ron M	+			_
14331 CITY	Tippera	STATE	ZIP CODE	-	502	8:11 H	+		-	_
		KS	67230		539	Jeff 5	+			_
	1			J HOLE DEDTI	1225	CASING SIZE &		05/		_
CASING DEPTH		DRILL PIPE	10-10-	TUBING	1 22	CASING SIZE &				
SLURRY WEIGH		SLURRY VOL		WATER gal/s	·le	CENEUT LEET !		HER		-
DISPLACEMENT		DISPLACEMEN	*	MIX PSI_	· .	CEMENT LEFT I	n CA	SING		
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ACCOUNT	OLIANITA	LANTO		201171011			Т			-
CODE	QUANITY	Druniis	DE	SCRIPTION of	SERVICES or PRO	DDUCT		NIT PRICE	TOTAL	
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5406		11	MILEAGE					4.20	44.20	9
11045		1725Ks	C/955	Aces	nent		1	5.70	2700.40	71
1102		413/25	calcie	im Ch	loride			,78	322.14	
11188		344/25	Gel					.22	75.68	
1107		100165	Polyf	lake				2.47	247.00	4
5407		1	Minb	ulk de	livery			368.00	368.00	- 4
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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.