



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1177334
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: _____

1177334

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Larson Engineering, Inc. dba Larson Operating Company
Well Name	Patricia Wood 1-9 OWWO
Doc ID	1177334

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4514-20, 4476-80, 4349-52	250 gal 15% MCA	4514-20, 4476-80
		250 gal 15% MCA	4349-52
4	4308-12	250 gal 15% MCA	4308-12
4	4284-92	250 gal 15% MCA	4284-92
		750 gal 15% MCA	430812, 4284-92
4	4255-57	sqz:50 sx Class A	4255-57
4	4241-44	250 gal 15% MCA	4241-44
4	4210-14	150 gal 15% MCA	4210-14
		Sqz: 25 sx Class A	4210-14
4	4007-11	250 gal 15% MCA	4007-11
		Sqz: 50 sx Class A	4007-11



CHARGE TO: **LARSON ENGINEERING**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 25712

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **NESS CITY, KS**
 WELL/PROJECT NO.: #1
 LEASE: **PATRICA WOOD OWING**
 COUNTY/PARISH: **LANE**
 STATE: **KS**
 CITY: **DIGHTON, KS**
 DATE: **3 OCT 13**
 OWNER:
 TICKET TYPE: SERVICE SALES
 CONTRACTOR: **CHEYENNE WELL SERV.**
 RIG NAME/NO.: **CEMENT PORT COLLAR**
 SHIPPED VIA:
 DELIVERED TO:
 ORDER NO.:
 WELL TYPE: **OIL**
 WELL CATEGORY: **DEVELOPMENT**
 JOB PURPOSE: **CEMENT PORT COLLAR**
 WELL PERMIT NO.:
 WELL LOCATION: **4W, 1N, E/N IWD**
 REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE #115	40		mi		6.00	240.00
576D					Pump CHARGE					1500.00	1500.00
276					FLUCELE	55		lbs		2.00	110.00
290					D-AIR	2		sq ft		42.00	84.00
330					SMD CEMENT	215		sq		17.00	3655.00
581					CEMENT SERVICE CHARGE	275		sq		2.00	550.00
583					DRAYAGE	27325		lbs	546.57	1.00	546.57

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X
 DATE SIGNED: **3 OCT 13** TIME SIGNED: **1330** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				6685.50
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				
Lanc TAX 7.15%				275.20
TOTAL				6960.70

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR: *[Signature]* APPROVAL: *[Signature]*
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 3 OCT 13 PAGE NO.

CUSTOMER LARSON ENGINEERING

WELL NO. # 1

LEASE PATRICA WOODWARD CEMENT PORT COLLAR

TICKET NO. 25712

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1140							ON LOCATION
								PORT COLLAR @ 2113
	1212						1000	TEST-HELD
	1215							OPEN PORT COLLAR
	1217	4	119				600	MIX 215 SX SMD
		3	7 1/2				400	DISPLACE CEMENT
								CIRCULATE 20 SX TO PIT
	1249						1000	CLOSE PORT COLLAR-TEST-HELD
								RUN HJS.
	1301	4	20				300	REVERSE CLEAN
	1311							WASH TRUCK
	1330							JOB COMPLETE
								THANKS #115
								JASON JEFF DOWG



CHARGE TO: LARSON ENGINEERING
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET N° 24637

PAGE 1 OF 2

SERVE LOCATIONS: 1. Ness City, Ks

WELL/PROJECT NO. 9-4 OWWO LEASE PATRICIA WOOD COUNTY/PARISH LANE STATE Ks CITY LOCATION DATE 9-28-13 OWNER SAME

TICKET TYPE: SERVICE SALES CONTRACTOR HD DRILLING RIG NAME/NO. LOCATION SHIPPED VIA CT DELIVERED TO LOCATION ORDER NO.

WELL TYPE Oil WELL CATEGORY DEVELOPMENT JOB PURPOSE 5 1/2" LONGSTRING WELL PERMIT NO. WELL LOCATION DISHON, Ks - 4W, 1N, N-E

REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 115	40	ME			6.00	240.00
578		1			PUMP CHARGE	1	JOB	4609	FT	1500.00	1500.00
221		1			LIQUID KOL	2	GN			25.00	50.00
280		1			FLOCHER-21	500	GAL			3.00	1500.00
419		1			ROTATING HEAD RENTAL	1	JOB			200.00	200.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X
 DATE SIGNED 9-28-13 TIME SIGNED 0400 A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	3490.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	5403.90
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	9358.40

Sub total 8893.90
 Tax 1 one 7.15% 464.50

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR WAVE WILSON APPROVAL Bu Wayne Tinsman

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 24637

CUSTOMER: **LARSON ENGINEERING** W/ELL: **PATRICKA WOOD** O/W/O: **9-4** DATE: **9-28-13** PAGE: **2** OF: **2**

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		SUM		UNIT PRICE	AMOUNT						
		LOC	ACCT	DF			QTY	UM	QTY	UM								
325		1				STANDARD CONGT EA-2	155	SKS			14.00	2170.00						
276		1				FLOCELE	50	LBS			2.00	100.00						
277		1				GILSONITE	1100	LBS			.75	825.00						
283		1				SALT	800	LBS			.20	160.00						
284		1				CALSEAL	7	SKS	700	LBS	35.00	245.00						
292		1				HALAD 322	150	LBS			7.75	1162.50						
290		1				D-ADR	2	GAL			42.00	84.00						
581		1				SERVICE CHARGE					CUBIC FEET	155	2.00	310.00				
583		1				MILEAGE CHARGE					TOTAL WEIGHT	17370	LOADED MILES	40	TON MILES	347.4	1.00	347.40

CONTINUATION TOTAL **5403.90**

JOB LOG

SWIFT Services, Inc.

DATE 9-28-13 PAGE NO. 1

CUSTOMER LARSON ENGINEERING WELL NO. 9-4 LEASE PATRICIA WOOD OWNED JOB TYPE 5 1/2" LONGSTRING TICKET NO. 24637

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0400							ON LOCATION - RUNNING CASING
								TD - 4610' SET @ 4609'
								TP - 4609' 5 1/2" 15.5
								ST - 43'
								PORT COLLAR @ 2113'
	0445							DROP BALL - CIRCULATE ROTATE
	0550	6	15		✓		450	PUMP 15 BBL'S KCL FLUSH
	0553	6	12		✓		450	PUMP 12 BBL'S FLOCHECK 21
	0555	6	5		✓		450	PUMP 5 BBL'S KCL FLUSH
	0605		7					PLUG RH (30 SKS)
	0610	4 1/4	32		✓		300	MIX CEMENT - 125 SKS EA-2 @ 15.2 PMG
	0618							WASH OUT PUMP - LINES
	0618							RELEASE CATCH DOWN PLUG
	0620	7	0		✓			DISPLACE PLUG
		7	99				800	SHUT OFF ROTATE
	0635	6 1/2	108.7				1500	PLUG DOWN - PSI UP CATCH TO PLUG
	0640						OK	RELEASE PSI - HOLD
								WASH TRUCK
	0730							JOB COMPLETE
								THANK YOU WAKE, JASON, ROB