Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1185067

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
G OG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
	If yes, show depth set: Feet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from:
Operator:	
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion     Permit #:	Dewatering method used:
SWD         Permit #:	Location of fluid disposal if hauled offsite:
ENHR         Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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 Iwo	1185067		
Operator Name:	_ Lease Name:	Well #:		
Sec TwpS. R East West	County:			
INCTRUCTIONS. Chain important tang of formations panetrated. De	tail all carea. Depart all final	apping of drill stome tools giving interval toolad, time tool		

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 (Attach Additional Sho	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		ion, 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 / SQU	EEZE RECORD			
Purpose <sup>.</sup>	Depth	Turne of Company	# Cooke Lload		Turne and [	Dereent Additivee	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

No

 No
 (If No, skip question 3)

 No
 (If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge F Each Interval		e	A		ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner Rı	un:	No	
Date of First, Resumed	I Producti	ion, SWD or ENHR		Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									I	
DISPOSITI	ION OF G	GAS:			METHOD		TION:		PRODUCTION INT	ERVAL:
Vented Solo	d 🗌 l	Used on Lease		Open Hole	Perf.	Uually (Submit A		Commingled		
(If vented, Su	ıbmit ACC	D-18.)		Other (Specify)	)	(Submit A	,	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Miller, Todd dba Speedy Well Service
Well Name	Powell 1
Doc ID	1185067

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	11.25	8.625	20	52	Portland	10	none
Production	6.75	4.50	9.5	1127	oil well cement	120	phenoseal ,kol seal

DATE



### CEMENT FIELD TICKET AND TREATMENT REPORT

			5% DISCOI	(-DISCOUNT)	\$	265.91 5,052.28
579	James Ness Fildes, Jeff			SALES TAX TOTAL	\$	264.13 5,318.19
656 419	John Wade		8.30%	SUB TOTAL	\$	5,054.06
TRUCK#	DRIVER NAME	1	CEMENT FLOATING EQU	IPMENT TOTAL	\$	47.25
0			0	\$0.00	\$	
	4' 1/2" RUBBER PLUG Downhole Tools	1	PER UNIT	\$47.25	\$	47.25
4404	Plugs and Ball Sealers		<u> </u>	\$0.00	\$	-
0			0	\$0.00	\$	
0			0	\$0.00	\$	-
0	- arres, owedges, Clamps, MISC.				Ψ	-
	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$	
0	DV Tools		0	\$0.00	\$	-
0		,			9	-
0	Packer Shoes		0	\$0.00	\$	
<u> </u>	Baffle and Flapper Plates		0	\$0.00	\$	
0	Guide Shoes			ΦU.UU	\$	
0	Cuido Shara		0	\$0.00	¢	
2	Float Collars		0	\$0.00	\$	-
0	Float Shoe				\$	
0	Float Shoo		0	\$0.00 \$0.00	\$	
0			0			
V	Centralizer		0	\$0.00	\$	
0	Cement Basket				I	
	Cement Floating Equipment (TAXABLE)		TR	ANSPORT TOTAL	\$	-
			0	\$0.00	\$	
0			0	\$0.00 \$0.00	\$	-
0		-	0	<b>*</b> 0.00		
	Water Transport	1		CHEMICAL TOTAL		3,135.0
			0	\$0.00	\$	-
0			0	\$0.00 \$0.00	\$	-
0			0	\$0.00	\$	
0			0	\$0.00	\$	-
0			0	\$0.39	\$	312.
<u> </u>	GRANULATED SALT (50#) SELL BY #	800	0	\$0.46 \$0.39	\$	345.
1110A	KOL SEAL (50 # SK)	80	0	\$1.35	\$	108.
1107A	PREMIUM GEL/BENTONITE (50#) PHENOSEAL	0	0	\$19.75 \$0.22	\$	2,370
1126 1118B	WC. CEMENT (CAL SEAL) 6%OWC, 2% CAL CLORIDE 2%	6 GEI 120	0	\$10.75	-	
	Cement, Chemicals and Water		E	QUIPMENT TOTA		1,871
	_ <u> </u>		0	\$0.00	\$	
0			0	\$0.00	\$	
0			0	\$0.00 \$0.00	\$	
0			0	\$0.00	\$	
0	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$4.20	\$	159 368
5406 5407	EQUIPMENT MILEAGE (ONE-WAY)	38	PER FOOT PER MILE	\$0.23 \$4.20	\$	259
5402	FOOTAGE	1 1127	2 HRS MAX	\$1,085.00	\$	1,085
5401	Cement Pump Charges and Mileage CEMENT PUMP (2 HOUR MAX)	Quantity	Unit	Price per Unit		4.5
Dispatch Location		Hole Depth	1127	MIX PSI Rate	-	400
Cell		Casing Depth	<u> </u>	Displacement PS	1	400/800
Email		Hole Size	4 1/2	Displacement		17.9
Contact		Drill Pipe Casing Size		Slurry Volume		37.1
Zip Code		Tubing		Sacks of Cemen	1	120
City & State		Formation		Yeild		7.9
Well No. Mailing Address	Powell #1	RGE		Density Water Required		14
Customer Acct #	Long String	Section TWP		Excess (%)		30%
0						CLASS A

John FOREMAN ~

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.