



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1188727
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: _____

1188727

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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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Form	ACO1 - Well Completion
Operator	Kremeier, Les dba Kremeier Prod & Operating
Well Name	Miller 1
Doc ID	1188727

All Electric Logs Run

Dual Induction Log
Dual Compensated Porosity Log
Microresistivity Log
Sonic Cement Bond Log



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 263509

Invoice Date: 10/29/2013 Terms: 0/0/30,n/30

Page 1

KREMEIER OIL & GAS, INC
3183 US HIGHWAY 56
HERINGTON KS 67449
(785) 258-2321

MILLER #1
43614
20-19-6
10-24-2013
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	130.00	15.7000	2041.00
1102	CALCIUM CHLORIDE (50#)	364.00	.7800	283.92
1107	FLO-SEAL (25#)	65.00	2.4700	160.55
1105	COTTONSEED HULLS	120.00	.4600	55.20

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	63.00	4.20	264.60
502 TON MILEAGE DELIVERY	1.00	542.75	542.75

Parts: 2540.67 Freight: .00 Tax: 181.66 AR 4399.68
Labor: .00 Misc: .00 Total: 4399.68
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____



REMIT TO
 Consolidated Oil Well Services, LLC
 Dept. 970
 P.O. Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 Fax 620/431-0012

INVOICE

Invoice # 263518

Invoice Date: 10/29/2013 Terms: 0/0/30,n/30

Page 1

KREMEIER OIL & GAS, INC
 3183 US HIGHWAY 56
 HERINGTON KS 67449
 (785)258-2321

MILLER #1
 43176
 20-19S-6E
 10-26-2013
 KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	60.00	15.7000	942.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7800	78.00
1118B	PREMIUM GEL / BENTONITE	180.00	.2200	39.60
1110A	KOL SEAL (50# BAG)	300.00	.4600	138.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4406	5 1/2" RUBBER PLUG	1.00	73.5000	73.50
	Description	Hours	Unit Price	Total
467	CEMENT PUMP	1.00	1085.00	1085.00
467	EQUIPMENT MILEAGE (ONE WAY)	51.00	4.20	214.20
491	MIN. BULK DELIVERY	1.00	368.00	368.00

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 Parts: 1632.10 Freight: .00 Tax: 116.70 AR 3416.00
 Labor: .00 Misc: .00 Total: 3416.00
 Sublt: .00 Supplies: .00 Change: .00
 =====

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2650



263518

TICKET NUMBER 43176
LOCATION 180
FOREMAN LARRY FORM.

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT-15-D17-20914

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-26-13	44793	MILLER #1	20	193	6E	CHASE
CUSTOMER <u>KREMPEL PROD</u>			TRUCK #			
MAILING ADDRESS <u>3183 US Hwy 56</u>			467	DRIVER <u>RON M</u>	TRUCK #	DRIVER
CITY <u>HERINGTON</u>			491	DRIVER <u>SP11 H</u>		
STATE <u>KS</u>			725	DRIVER <u>LARRY</u>		
ZIP CODE <u>67449</u>						

JOB TYPE <u>PROD B</u>	HOLE SIZE <u>634</u>	HOLE DEPTH <u>644</u>	CASING SIZE & WEIGHT <u>5 1/2 USED</u>
CASING DEPTH <u>638</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>14.8</u>	SLURRY VOL <u>16.85</u>	WATER gal/sk _____	CEMENT LEFT in CASING <u>1 FT.</u>
DISPLACEMENT <u>15.56</u>	DISPLACEMENT PSI <u>750</u>	MIX PSI <u>0</u>	RATE <u>3.0 bbl/s</u>

REMARKS: Rigged up to 5 1/2 casing - Broke Circulation - Pumped
5 bbls Freshwater - Moved 60 sks A + 3% Gel + 2% CACH2 + 5 lbs
Pol-seal - Flushed Pump & Pipes - Pumped Plug - Followed with
WIPAC PNE - Plug LANDED 636 Ground level - 750 lbs - Released
Float held

Circulated Cement to Surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	51	MILEAGE	1085.00	1085.00
			4.20	214.20
11045	60 sks A			
1102	100 lbs CACH2		15.70	942.00
1118B	180 lbs Gel		.78	78.00
1110A	300 Pol-seal		.22	39.60
			.46	138.00
5407	1	Bulk Delivery	368.00	368.00
4159	1	5 1/2 Float Shoe	361.00	361.00
4406	1	5 1/2 TR Plug	73.50	73.50
<u>Subtotal</u>				<u>3299.30</u>
<u>7.15%</u>				<u>SALES TAX 116.70</u>
AUTHORIZATION <u>J. M. P.</u> TITLE _____ DATE _____				<u>ESTIMATED TOTAL 3416.00</u>

Ravin 3737

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.