



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1189637
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: _____

1189637

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 19869
LOCATION Ottawa
FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-11-08	6960	Stewart 15-27 SWD	27	23	20	BB
CUSTOMER <u>Running Foxes</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>410 N State.</u>			<u>516</u>	<u>Alan M</u>		
CITY			<u>495</u>	<u>Casey K</u>		
STATE			<u>237</u>	<u>Gerid S</u>		
ZIP CODE						
<u>Iola</u>	<u>KS</u>	<u>66749</u>				

JOB TYPE Long string HOLE SIZE 7 7/8 HOLE DEPTH 1114 CASING SIZE & WEIGHT 7" + 5 1/2
 CASING DEPTH 1111 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: Established rate. Mixed & pumped 200# gel to condition hole, followed by 195 5x Thickset cement with 10# Kol seal per sack ~~100#~~. Displaced casing with 28 1/2 bbl clean water, circulated 7 bbl cement.

Rig supplied water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	<u>50</u>	MILEAGE		219.00
5402	<u>1111'</u>	<u>casing footage</u>		<u>659.88</u>
5407A		<u>+ on mileage</u>		
5404	<u>3hr</u>	<u>standby 3 men x 1hr</u>		
1110A	<u>950#</u>	<u>Kol-seal</u>		<u>819.00</u>
1118B	<u>200#</u>	<u>gel</u>		<u>34.00</u>
1126A	<u>174 5x</u>	<u>Thickset</u>		<u>2938.00</u>
		<u>546</u>		<u>5614.88</u>

RECEIVED
KANSAS CORPORATION COMMISSION
APR 02 2009
CONSERVATION DIVISION
WICHITA, KS

SALES TAX 240.00
ESTIMATED TOTAL 5854.91

AUTHORIZATION Jay Schuldt RT

TITLE 228057

DATE _____

Revin 9737

FED ID# 48-1214033
 MC ID # 165290
 Shop # 620 437-2661
 Cellular # 620 437-7582
 Office # 316 685-5908
 Office Fax # 316-685-5926
 Shop Address: 3613A Y Road
 Madison, KS 66860

Hurricane Services, Inc.
 P.O. Box 782228
 Wichita, KS 67278-2228

Cement, Acid or Tools
 Service Ticket
 02907

DATE 12-12-08

COUNTY BOLCO CITY _____

CHARGE TO Running Foxes

ADDRESS _____ CITY _____ ST _____ ZIP _____

LEASE & WELL NO. Stewart #15-27 SWO CONTRACTOR KAN-DRILL

KIND OF JOB Top outside SEC. _____ TWP. _____ RNG. _____

DIR. TO LOC. _____ OLD NEW

Quantity	MATERIAL USED	Serv. Charge	
			400.00
23 SKS	Quick Set cement		379.50
92 lbs	KOL-SEAL 4" P-1/8K		41.40
1/2 Hrs	Water-Truck #193		120.00
		RECEIVED	
		KANSAS CORPORATION COMMISSION	
	BULK CHARGE	APR 02 2009	
1.31 Ton	BULK TRK. MILES	CONSERVATION DIVISION	129.69
⊕	PUMP TRK. MILES <u>Trk. on location</u>	WICHITA, KS	N/C
	PLUGS		
		SALES TAX	26.52
		TOTAL	1097.11

T.D. _____
 SIZE HOLE _____
 MAX. PRESS. _____
 PLUG DEPTH _____
 PLUG USED _____

CSG. SET AT _____ VOLUME _____
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 7" x 5 1/2"
 PKER DEPTH _____
 TIME FINISHED _____

REMARKS: Rig up Trk - Get a cement slurry - Pump cement down backside of casing, Shutdown - Mixed with 4 Bbls. water - well filled w/ cement - Remove Excess of cement slurry out from underneath Rig. Job complete

EQUIPMENT USED

NAME	UNIT NO.	NAME	UNIT NO.
<u>Kelly Kimberlin</u>	<u>185</u>	<u>Jason-Jerry #186</u>	<u>Clayton #193</u>
<u>Brad Butler</u>		<u>Witnessed by Rick</u>	
HSI REP.		OWNER'S REP.	