

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1190008

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 North / South Line of Section
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:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
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)
	Chloride content:ppm Fluid volume:bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date 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 Approved by: Date:

Page Two



Operator Name:			Lease Name:			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow	ing and shut-in pressu	ormations penetrated. D res, whether shut-in pre ith final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bott			
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Taker (Attach Additional S		Yes No		Log Formation (Top), Depth and Datum			Sample	
Samples Sent to Geo	logical Survey	Yes No	Name	Э		Тор	Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD Ne onductor, surface, inte		on, 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	
	Dillied	Set (III O.D.)	LDS./1t.	Берш	Cement	Oseu	Additives	
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Perforate	ιορ Βοιιοπ							
Plug Back TD Plug Off Zone								
1 ldg 011 20110								
Did you perform a hydrau	ulic fracturing treatment or	this well?		Yes	No (If No, ski)	o questions 2 an	d 3)	
		aulic fracturing treatment ex	=	= =	_ ·	o question 3)	of the ACO 1)	
was the hydraulic fractur	ing treatment information	submitted to the chemical o	disclosure registry?	Yes	No (If No, fill o	out Page Three	or the ACO-1)	
Shots Per Foot		N RECORD - Bridge Plugs ootage of Each Interval Perf			cture, Shot, Cement mount and Kind of Mai		Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:	M	METHOD OF COMPLE	TION:		PRODUCTIO	N INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Cor	nmingled			
	bmit ACO-18.)	Other (Specify)	(Submit A	ACO-5) (Sub	mit ACO-4)			





TICKET NUMBER 43428

LOCATION Eureka KS

FOREMAN Shannon Feck

壓			and the same of th		FOREMAN_O	1-(nivion	
D Box 884. Cha	nute, KS 66720	FIELD TICKE			# 15-205	- 78717	
20-431-9210 or	800-467-8676		CEMEN	-	TOWNSHIP	RANGE	COUNTY
DATE	CUSTOMER#	WELL NAME & NUM		SECTION		HE	Wilson
9-4-13	8926 Clail	borne # W	Strat	11	295		Q) i ye (
LICTOMED	County Holdin	nos LLC	605	TRUCK#	DRIVER	TRUCK#	DRIVER
WILSON		3	Jones	445	Dave 6		
IAILING ADDRES	S Air S	+ 400	00.17	515	colby N		
	ivess Ave, S	ZIP CODE	_	88	Rudy m	#88 MCLOY	Truking
Austin	- 1			00	1207	/	
		ZE 6 1/8"	HOLE DEPTH	1145'	CASING SIZE & W	VEIGHT 7" 5	ortace Aif
OB TYPE P. T.	DRILL P		_TUBING_2	3/8"		OTHER	
ASING DEPTH_			WATER gal/s	k	CEMENT LEFT in	CASING	
LURRY WEIGHT	AND DESCRIPTION OF THE PERSON	CEMENT PSI	MIX PSI		RATE		
ISPLACEMENT_	DISPLAC	7 3/8" Tubi		et for	lowing D	1/45	
REMARKS: K	ig up to	7-18 1001	9 -)		
	#/@ 1/4	. /	5KS				
	#2 @ 500	1 W/25	SKS				
Zļ.	3 @ 250'	to Surface	W/ 60 5.	<i>ES</i>			
		and the second	Harak	< 5/2	annon to	crew	
			Thank))/(an stort i		
						UNIT PRICE	TOTAL
ACCOUNT	QUANITY or UNIT	s	DESCRIPTION of	f SERVICES or P	RODUCT		
CODE	1	PUMP CHA	RGE			500,00	500,00
5405A	d	MILEAGE		416n # 3 o	f 4 wells	N/C	N/C
5406	- Janes						
	10 646	60/	YO DOYY	nix ceme	nf	13.18	1449.80
1/3/	110 5KS	60/	2 4%		and the second s	, 22	83.60
11/8 13	3804	600/ (2 / 10				
			22 /	LILL TO	uk	MIC	368,00
5407	4,73 %	ns Ton	Mileage	bulk Tre	VICK		
					7. k'a	90.00	270,00
5502C	3 Hrs	80 BE	1 H20 /100	E # 88 /	ncery Tracking	701	57.09
1/23	3300 99/	7	120			17.30/1000	311
116)	3300 347	1/					
				100000000000000000000000000000000000000			
			and the second s				
I							
							7
						1-1-11	
						506/049/	2728.71
					6,15%	SUB TO tal	2728.47
			- Ole	0003	6,15%		2728.77 97.81 2826.3

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 for

TITLE_