



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1190992  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1190992

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
--	---

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---



**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 # 263769

Invoice Date: 11/11/2013 Terms: 0/0/30,n/30

Page 1

JAMES PRODUCTION CO., INC.  
1334 GROUSE ROAD  
YATES CENTER KS 66783  
(620) 625-3536

VERNON FEE #7  
45049  
6-24-15  
11-06-2013  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	190.00	13.1800	2504.20
1118B	PREMIUM GEL / BENTONITE	650.00	.2200	143.00
1107A	PHENOSEAL (M) 40# BAG)	200.00	1.3500	270.00
1118B	PREMIUM GEL / BENTONITE	2700.00	.2200	594.00
1103	CAUSTIC SODA	100.00	1.6900	169.00
1121	SODA ASH	100.00	.8900	89.00
1123	CITY WATER	4200.00	.0173	72.66
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25
Description		Hours	Unit Price	Total
479	TON MILEAGE DELIVERY	1.00	460.79	460.79
485	CEMENT PUMP	1.00	1085.00	1085.00
485	EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00
637	80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00

Parts: 3889.11 Freight: .00 Tax: 278.07 AR 6240.97  
Labor: .00 Misc: .00 Total: 6240.97  
Sublt: .00 Supplies: .00 Change: .00

Signed \_\_\_\_\_

Date \_\_\_\_\_





**CONSOLIDATED**  
Oil Well Services, LLC

263769

TICKET NUMBER 45049  
LOCATION Eureka, KS  
FOREMAN David Gardner

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-207-28728

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-6-13	4297	Vernon Fee #7	6	24	15	Woodson
CUSTOMER James Production Inc.			Rig 6 Drly.			
MAILING ADDRESS 1334 Grouse Rd.						
CITY Yates Center	STATE KS	ZIP CODE 66783				
TRUCK # DRIVER TRUCK # DRIVER						
			485 Alan M.			
			479 Zevi A.			
			637 Jim M.			

JOB TYPE 1/2 O HOLE SIZE 6 3/4 HOLE DEPTH 1551' CASING SIZE & WEIGHT 4 1/2 10.5"  
 CASING DEPTH 1300' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 20.5 Bbl DISPLACEMENT PSI 700 ~~Mix PSI~~ Bump Plug 1400 PSI RATE 5 Bpm

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ 5 Bbl water. Run 2 Bbl dye. Mixed 190 sks 60/40 Pozmix Cement w/ 4% gel & 1" Phenoseal/sk. @ 14.2#/gal. Shut down, wash out pump & lines. Displace w/ 20.5 Bbl water. Good circulation at all times. Final pumping pressure of 700 PSI, bumped plug @ 1400 PSI. Plug & float held. 12 Bbls slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
1131	190 SKS	60/40 Pozmix Cement	13.18	2504.20 ✓
1118B	650 #	Gel @ 4%	.22	143.00 ✓
1107A	200 #	Phenoseal @ 1"/sk	1.35	270.00 ✓
5407	8.17 Tons	Ton Mileage Bulk Trk.	1.41	460.79 ✓
1118B	2700 #	Pallet Gel	.22	594.00 ✓
1103	100 #	Caustic Soda	1.69	169.00 ✓
1121	100 #	Soda Ash	.89	89.00 ✓
5502C	4 Hrs.	80 Bbl Vac. Trk.	90.00	360.00 ✓
1123	4200 Gals.	City Water	17.30/1000	72.66 ✓
4404	1	4 1/2" Top Rubber Plug	47.25	47.25 ✓
			Subtotal	5962.90 ✓
			"Thank You" 7.15 %	SALES TAX 278.07 ✓
			ESTIMATED TOTAL	6240.97 ✓

**Completed**

Ravin 3737

AUTHORIZATION Ron Paffenburg TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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



# RIG 6 DRILLING CO. INC

P O BOX # 227  
IOLA, KS 66749

R.K. (Bud) Sifers  
(620) 365-6294

John J. Barker  
(620) 365-7806

INVOICE #: 30606  
COMPANY: James Production  
ADDRESS: 1334 Grouse Rd  
Yates Center, KS 66783

DATE: 11/6/2013  
LEASE: Vernon Fee  
COUN' Woodson  
WELL 7  
API #: 15-207-28,728

ORDERED BY: Jim

SERVICE	RATE	UNITS	
Location Pit Charge		1	N/A
Set Surface Csg.	\$250.00 Per Hr	12	N/C
Cement Surface/W.O.C.	\$250.00 Per Hr	8	N/C
Drilling Charge	\$11.00 Per Ft	1551'	\$17,061.00
Circulating	\$250.00 Per Hr	4	N/C
Drill Stem Test	\$250.00 Per Hr		N/C
Logging	\$250.00 Per Hr		N/C
Core Samples	%500.00 Per Run		N/A
Water Hauling	\$40.00 Per Hr		N/C
Bit Charge (Lime W/O)	Cost + 10%		
Drill Stem Lost	\$28.00 Per Ft		N/C
Trucking	\$40. per hr + \$1./ mi		N/C
Roustabout	\$23.00 Per Man Hr		N/C
Running Casing	\$250.00 Per Hr	2	
Rigging Up	\$250.00 Per Hr	1	N/C
Rigging Down	\$250.00 Per Hr	1	N/C
Other Plugging	\$250.00 Per Hr	0	\$0.00
Fuel Assess.			
Move Rig			
Material Provided:			
Cement	\$8.00 Per Sx	20	\$160.00
Sample Bags	\$28.00 Per Box		\$0.00

TOTAL AMOUNT

\$17,221.00

REMIT TO: RIG 6 DRILLING, INC  
PO BOX 227  
IOLA, KS 66749

THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!



# RIG 6 DRILLING CO. INC

P O BOX # 227  
IOLA, KS 66749

R.K. (Bud) Sifers  
(620) 365-6294

John J. Barker  
(620) 365-7806

COMPANY: James Production Co  
ADDRESS: 1334 Grouse Rd.  
Yates Center, KS 66783

LEASE: Vernon Fee  
COUNTY: Woodson

LOCATION 640FNL/1571 FEL  
6/24/15e

COMMENCED: 11/3/2013  
COMPLETED: 11/6/2013  
WELL #: 7  
API#: 15-207-28,728  
STATUS: Oil Well  
TOTAL DEPTH: 15~~5~~16 3/4"  
40'-8 5/8" cmt w/20  
CASING: sx portland  
1411'-4 1/2" Consol Cmt

## DRILLER'S LOG

3	Soil
22	Shale (SH) w/ red Sh
34	Limestone (LS)
56	Sh
65	Ls
348	Sh w/ ls strks
570	Ls
583	Sh
662	LS
670	Sh
808	LS w/ sh brks
1150	Sh w/ sa sh
1161	Sa Good odor & show
1434	LS w/LS strks
1438	LS
1500	Sh w/ sa sh
1501	Co
1521	SH
1540	LS (Miss)
1545	Sa ls lt odor
1551	LS lt odor
1551	T.D.