

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1198018

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:	Feet from
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.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
 □ Oil □ WSW □ SWD □ SIOW	Producing Formation:
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?
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)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
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 Recompletion Date	Quarter Sec. TwpS. R East West Countv: 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 Two



Operator Name:				Lease N	Name:			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	n (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es No		Name	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Ye								
List All E. Logs Run:										
			CASING	RECORD	☐ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	Used		Type and I	Percent Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	this well?	,			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC)-1)
Shots Per Foot			D - Bridge Plug Each Interval Perf				cture, Shot, Cemen		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g \square	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bi	ols.	Gas-Oil Ratio		Gravity
DIODOCITIO	ON OF CAS:			AETLIOD OF	COMPLE	TION		BDOD! IOT!	או ואודכטי	
Vented Sold	ON OF GAS: Used on Lease) Open Hole	METHOD OF Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	YN INTEK	/AL.
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			



TICKET NUMBER	A:		45 	0	NOTICE STATE OF STREET
LOCATIONELICAKO					· Mariana and a second
FOREMAN STEWER	Nea	14			

FIFI D TICKET & TREATMENT PEDOPT

DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
					+	-
06-4-13 CUSTOMER	1263	Williams # 3	- B	31	10	EIK
R L W Z	Energy		TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDR	ESS		48.5	Alan m		
P.O.BO	x 427		667	merle		
CITY		STATE ZIP CODE				
madiso		Ks 66860				and the second second second second
	rface o	HOLE SIZE 12 HOLE			WEIGHT 8 %	
	42	DRILL PIPETUBING			OTHER	
	ΑΤ	SLURRY VOL WATER			in CASING	
	T2 1/2	DISPLACEMENT PSI* MIX PS				Notice that the first dealers in the section of the
EMARKS: 5	afty Meeti	18: Ris up TO 8/18	Casine Br	wic Circ	elation la	1 Fresh
wier. 1	Wix 43sk	Classa Cement W	3% Cocl2	2% Ge1.	2015016	re Wil
2 bbs &	resh war	or Shurwelling	Gord Ceman	J- ReTurn	5 76 SW	oface.
g =	Job Camo	dere Risdown	and the same of th		The state of the s	and the second s

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		Will yell				
						and the state of t
ACCOUNT					7	T
CODE	QUANITY	or UNITS DESCRIPTI	ON of SERVICES or PRO	DDUCT .	UNIT PRICE	TOTAL
4015	1	PUMP CHARGE		The state of the s	870.00	\$70.00
5406	30	MILEAGE			4.20	126.0
11045	415 5Ks	Class A Cema	20 3		15.70	706.50
1102	1250	Cac/2 3%			.78	97.5
1183	85*	Get 2%				
reals	83	25			-23	18.7
407	913-		AD 11	2		9 16
	212 Tun	Loomileur	Bulkeruc	<u> </u>	mic	368.00
30					1	
70						
					Sub roral	2186.73
				715	Sub rolls SALES TAX	2186.43 58.5
in 3737				715	SALES TAX ESTIMATED	100



TICKET NUMBER	43572
LOCATION Eulena	TERMS
FOREMAN Rock to	d ford of mobile month

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

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER#	WE	LL NAME & NUN	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-7-13	7263	William	14 H 3 1220	ne the nec	10 235 08	o day 3 hayaq sa	s e0/0/mi .23	EIX
CUSTOMER	e to guarantee th	OWS is unabl	d by others, (en englights ne				
doi:	+ W Enera	pretation	istri tudir	CHE	TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDF	RESS	mult alab ruth		11 100001	57 11 21	Chis B.	rate allowed	the maximum
ρ.	0. Box 427			R.3 1	611	Joe K.	Tellaulis all av	A Temporal
CITY	not be responsif	STATE	ZIP CODE	Custom	(de)	Chris M. WO) yd beniedin	attorney's fets
Siedw M	adism molais	125	1010860	dama e	use occupatio	rafez feont an at	de federal et	decilent ve A
JOB TYPE	130	HOLE SIZE_	77/2"	HOLE DEPTH_	2120	CASING SIZE & W	/EIGHT_51/2"	17#
CASING DEPT	H 2111 C.L.	DRILL PIPE_		TUBING	aid to others	is required to be p	OTHER	parce. All proc
SLURRY WEIG	HT_126#_136#	SLURRY VOL	103 Bhi	WATER gal/sk	80-90	CEMENT LEFT in	CASING 136	0 37
DISPLACEMEN	NT 49 Bb	DISPLACEME	NT PSI 900	MIX PSI 1900	Bup plus	RATE	socia ane subjec	AH-COWS pr
REMARKS: <	afet, meet	108 - Ris	w to 51	Casing.	BIRAK / Ci	iculation w/	10 Bs) fre	sh water
Mixnol 2	50 SKS (001					1/51 @ 126		
7 -						3.6+/901. L		
release la	teh down ol	19. Disnla	ce w/ 40	9 Bbl fresh	water Ti	no) Duno pres	sure 900 P	5 J. Burp.
n)us tu	1400 PSI 1	elease pres				ement leturn		
	to est. Je		0'		atow our and transport of the	on sastina id our i	OUR PROW OUR	us manaqaapa se shi saasaas
has mideal	errs in worldn	leb mon ser	t one omice o	di tait 150	for any servi	or maicrials esed	is pressures	specify depth
KANTHAN	WAK BER	UN EMP		INTO BELL			performed.	ad of a doing
(-1 1 11)			Then	11 V	asima mieta	urea with a little more	er od son flad	2000 (a)

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5901	wairanty or practical	PUMP CHARGE	1085.00	108500
5406	30 hamail	MILEAGE	1.20	126.00
1/3/	250 5×5	60140 Pozmix comest	13.18	3295.00
1188	1720 ⁺	870 sel Load coment	.22	378.40
IMA	250 th	1 to phenospor 13x	1.35	337.50
126A	85 345	thicket cement flow and bons flow add to formor	20.16	1713.60
110A	1/257	5# Kol-spollsk Jail remat	,2/10	195.50
IOA	85*	pheresen 13x all other pheresens of the	1.35	114.75
1407A	15.42	ton mileage bulk toks	1.41	652.27
1130	4	51/2" centrelizes van vas miso to mo galwong seus	50.50	202.00
/203	/	51/2" Guide shae start its wall m lapsage of the	168.00	168.00
122813	1	51/2" ATV insert minimum insurant minimum insurant	180.75	180.75
1454	/	Sh' latch down play to be so think allow a due to the later of the state of the sta	266.75	266 75
		ig feilure to complete pumping off ding dehydration of cement slump	ere and resolutions on plag incl	ement or ce
		e, armulus bridging or phreging, or ost or left in the well, or becoming	Subtata!	8715.50
		/ add and anisotropic along 7.15%	SALES TAX	489.94
3737	1/-1/1/1	ich tools but will not be liable for caused by the use of such tools	ESTIMATED TOTAL	9205.40

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.



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