



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200485
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: _____

1200485

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Raydon Exploration, Inc.
Well Name	Empire 1-25
Doc ID	1200485

All Electric Logs Run

Dual Spaced Neutron Spectral Density Log
Array Compensated True Resistivity Log
Borehole Compensated Sonic Array Log
Microlog

Form	ACO1 - Well Completion
Operator	Raydon Exploration, Inc.
Well Name	Empire 1-25
Doc ID	1200485

Tops

Name	Top	Datum
Base Heebner	4182	
Toronto	4193	
Lansing FM	4290	
Kansas City FM	4715	
Marmaton	4914	
Cherokee FM	5036	
Morrow FM	5398	
Chester	5564	
St Genevieve	Not present	
St Louis	5680	

DATE OF REPORT: 1958

WELL NO. 2524

SECTION: 25-28W-23N

TOWNSHIP: 28N

RANGE: 28W

COUNTY: RAYBURN

STATE: MISSISSIPPI

OPERATOR: RAYBURN EXPLORATION, INC.

LOCATION: SEC. 24, T. 28N, R. 28W

DATE OF LOGGING: 1958

LOGGERS: [Names]

SUPERVISOR: [Name]

WELL DEPTH: 6000

LOG SCALE: [Scale]

LOG TYPE: [Type]

LOG NO. [Number]

LOG DATE: [Date]

LOG TIME: [Time]

LOG LOCATION: [Location]

LOG COMMENTS: [Comments]

LOG SIGNATURE: [Signature]

LOG TITLE: [Title]

LOG NUMBER: [Number]

LOG DATE: [Date]

LOG TIME: [Time]

LOG LOCATION: [Location]

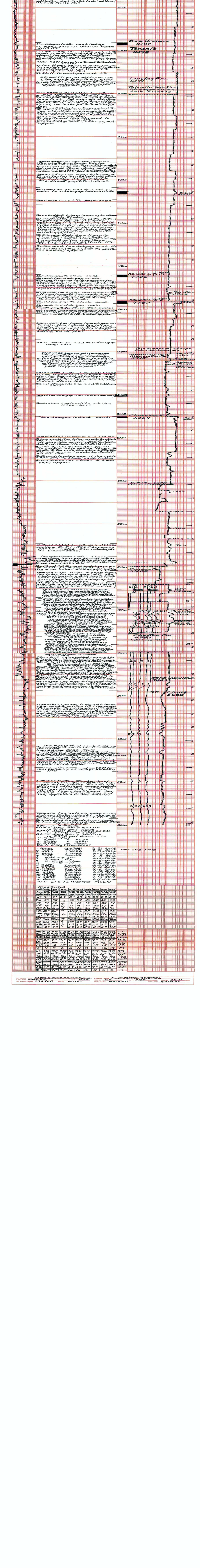
LOG COMMENTS: [Comments]

LOG SIGNATURE: [Signature]

LOG TITLE: [Title]

LOG NUMBER: [Number]

REMARKS: BATHY THERM. LOGS... [Detailed notes on temperature logs and well conditions]



DEPTH (FEET)	TEMPERATURE (°F)	TEMPERATURE (°C)	TEMPERATURE (°F)	TEMPERATURE (°C)	TEMPERATURE (°F)	TEMPERATURE (°C)	TEMPERATURE (°F)	TEMPERATURE (°C)
4175	114	46	114	46	114	46	114	46
4200	115	46	115	46	115	46	115	46
4300	116	47	116	47	116	47	116	47
4400	117	48	117	48	117	48	117	48
4500	118	48	118	48	118	48	118	48
4600	119	49	119	49	119	49	119	49
4700	120	49	120	49	120	49	120	49
4800	121	50	121	50	121	50	121	50
4900	122	50	122	50	122	50	122	50
5000	123	51	123	51	123	51	123	51
5100	124	51	124	51	124	51	124	51
5200	125	52	125	52	125	52	125	52
5300	126	52	126	52	126	52	126	52
5400	127	53	127	53	127	53	127	53
5500	128	53	128	53	128	53	128	53
5600	129	54	129	54	129	54	129	54
5700	130	54	130	54	130	54	130	54
5800	131	55	131	55	131	55	131	55
5900	132	55	132	55	132	55	132	55
6000	133	56	133	56	133	56	133	56

OPERATOR: RAYBURN EXPLORATION, INC. LOCATION: SEC. 24, T. 28N, R. 28W, STATE: MISSISSIPPI

WELL NO. 2524 ELEVATION: 2455' TO 6000' COUNTY: RAYBURN

LOGGERS: [Names] SUPERVISOR: [Name]

DATE OF LOGGING: 1958 LOG TIME: [Time]

LOG LOCATION: [Location] LOG COMMENTS: [Comments]

LOG SIGNATURE: [Signature] LOG TITLE: [Title]

LOG NUMBER: [Number] LOG DATE: [Date]

LOG TIME: [Time] LOG LOCATION: [Location]

LOG COMMENTS: [Comments] LOG SIGNATURE: [Signature]

LOG TITLE: [Title] LOG NUMBER: [Number]

LOG DATE: [Date] LOG TIME: [Time]

LOG LOCATION: [Location] LOG COMMENTS: [Comments]

LOG SIGNATURE: [Signature] LOG TITLE: [Title]

LOG NUMBER: [Number] LOG DATE: [Date]

LOG TIME: [Time] LOG LOCATION: [Location]

LOG COMMENTS: [Comments] LOG SIGNATURE: [Signature]

LOG TITLE: [Title] LOG NUMBER: [Number]



Cement Report

Customer Raydon Exp.		Lease No.		Date 3-24-14	
Lease Empire		Well # 1-25		Service Receipt	
Casing	Depth	County Haskell	State KS		
Job Type		Formation	Legal Description		
Pipe Data			Perforating Data		Cement Data
Casing size	Tubing Size		Shots/Ft		Lead 655x @ 14.8 PPG 27.00 Premium Plus Cement Tail in
Depth	Depth	From	To		
Volume	Volume	From	To		
Max Press	Max Press	From	To		
Well Connection	Annulus Vol.	From	To		
Plug Depth	Packer Depth	From	To		
Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1600					On location Rig up
1615					Safety Meeting
1620	1000				Pressure Test
1645	0		15.5	:6	Pump 655x @ 14.8 PPG
1900					Shut Down Rig Down
Service Units		78940	3675019842		
Driver Names		Ruben	Carlos	Norma	

Clint Andrews
Customer Representative

Jerry Bennett
Station Manager

Ruben Martinez
Cementer