



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204010
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: _____

1204010

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

Comp #3-30
265901

TICKET NUMBER 43129
LOCATION OAKLEY KS.
FOREMAN DAMON M. WALT DINKEL

184, Chanute, KS 66720
1-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

KS.

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-9-14	6352	T-NELSON 3-30	30	14	31W	BOVE	
CUSTOMER		MILING ADDRESS		TRUCK #	DRIVER	TRUCK #	DRIVER
PELICAN HILL		SUITE 207		399	JORDEN L.		
1401 N. EL CAMINO REAL		SAN CLEMENTE CA. 92672		566	JAKE		
CITY		STATE		ZIP CODE			
SAN CLEMENTE		CA.		92672			

JOB TYPE 2-STAGE HOLE SIZE 7 7/8 HOLE DEPTH 4500 CASING SIZE & WEIGHT 5 1/2 #15.5
 CASING DEPTH 4504 DRILL PIPE _____ TUBING _____ OTHER DV @ 2200 #34
 SLURRY WEIGHT 14.7/11.0 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2.43 SKOE
 DISPLACEMENT 106.68/52% DISPLACEMENT PSI _____ MIX PSI _____ RATE 6 BPM

REMARKS: Safety meeting Rig up on INTEGRITY #7 RUN FLOAT EQUIPMENT
SCRATCHER 3 ON #1 THEN 4 ON #2 - #10 CENT ON #1, 3, 5, 7, 9, 11, 13,
15, 18, 21, 5/2 BASKETS ON #4, 22, 54 15' FROM TOP. DV ON TOP OF #24
RAN REST OF CASING CIRC ON BOTTOM FOR 3 HRS MIXED 500 GAL OF MUD FLUSH
20 BBL KCL THEN MIXED 200 SKS OWC #5 KOLSEAL #750 LIFE LANDED PLUG @ #1500
WITH 104 1/4 BBL OF H2O RELEASED PRESSURE FLOAT HELD RIGGED UP TO CIRCULATE
3 HRS PUMPED 500 GAL MUD FLUSH 30 SKS RAT HOLE 370 SKS 60/40 PZ #14 FLO SEAL
DOWN HOLE SHUT DOWN RELEASED PLUG WASHED UP PUMP AND LINES PUMPED 52 BBL
OF H2O LIFE #700 LANDED PLUG @ #2000 RELEASED PRESSURE FLOAT HELD WASHED
UP & RIGGED DOWN.
 THANK YOU DAMON, WALT & CRYN

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3175.00	3175.00
5406	30	MILEAGE	5.25	157.50
5407A	27 tons	TON MILEAGE DELIVERY	1.75	1417.50
1126	200 SKS	OWC	23.70	4740.00
1131	400 SKS	60/40 PZ	15.86	6344.00
1110A	1000#	KOLSEAL	.56	560.00
1107	100#	FLOSEAL	2.97	297.00
1118B	2752#	BENONITE	.27	743.04
1142A	2 GAL	KCL	41.10	82.20
1144G	1000 GAL	MUDFLUSH	1.00	1000.00
4104	3	5 1/2 BASKETS (W)	290.00	870.00
4130	11	5 1/2 CENTRALIZERS (W)	61.00	671.00
4139	1	5 1/2 AFU FLOAT SHADE (W)	433.75	433.75
4277A	1	5 1/2 DV TOOL (W)	4900.00	4900.00
4314	39	RECIPROCATING SCRATCHERS (W)	82.00	3198.00
4454	1	5 1/2 LATCHDOWN W/ PLUG (W)	567.00	567.00
		SUBTOTAL		29155.99
		SUBTOTAL		26240.39
		SALES TAX	7.9	1735.26
		ESTIMATED TOTAL		27975.65

AUTHORIZATION [Signature] TITLE [Signature] 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 form.