



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204478
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: _____

1204478

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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LEASE NAME: Dempsey OPERATOR: UTAH OIL START DATE: 12-2-15
 WELL #: KO-10 LOCATION: _____ AP/E _____
 SURFACE PIPE: _____ Ft: 20' Cement: (bags) 6
 PRODUCTION: _____ PIPE: _____ SIZE: _____ =FT _____

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
3	soil + clay		3	3	broken sand	very lite bleed	636
11	lime		14	29	shale		665
19	shale		23	5	lime		670
3	lime		26	28	lime shale		698
75	shale		111	1	broken sand	lite bleed	699
22	lime		133	16	shale		715
3	shale		136				
11	lime		147				
9	shale		156				
4	lime		160				
37	shale		197				
12	lime		209				
2	shale		211				
4	lime		215				
10	shale		225				
27	lime		252				
8	shale		260				
38	lime	BKL	298				
139	shale		437				
10	lime		447				
9	shale		456				
9	lime		465				
49	shale		514				
4	lime		518				
10	shale		528				
4	lime		532				
4	shale		536				
2	lime		538				
12	shale		550				
8	lime		558				
2	shale		560				
5	brown lime	good bleed	565				
6	shale		571				
2	broken sand	lite bleed	573				
60	shale		633				

Kenny
 1 core 698-715
 Dry hole



DIY SUPPLY Ottawa #3505
2204 S PRINCETON CIRCLE DR
OTTAWA, KS 66067

PHONE: (785) 242-8200

**CUSTOMER
COPY**

CUST NO: 901210 JOB NO: 000 PURCHASE ORDER:

REFERENCE:

TERMS: CASH/CHECK/BANKCARD

CLERK: GJAR

DATE / TIME: 5/6/14 9:56

TERMINAL: 905

SOLD TO:
UTAH OIL
2394 UTAH RD

SHIP TO:
LEACH/BRADLEY

GRAND TOOL KS 66079
785-241-3923

TAX: 090 OTTAWA SALES TAX

INVOICE: B55166

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	SUGG	UNITS	PRICE/ PER	EXTENSION
1	35	35	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94		35	9.45 /EA	330.75
2	35	35	EA	1290915	PORTLAND CEMENT 94LB MFG part# 1124-94		35	9.45 /EA	330.75
3	2	2	EA	5040001	PALLET QUIKRETE MFG part# Q PALLET		2	20.00 /EA	40.00
4	4	4	EA	107975	FG-SHELF BRKT 12X14 FTWD ✓ MFG part# 852181		4	2.89 /EA	11.56
5	1	1	EA	198535	2X27 DBL FLAT RATCHET TIEDOWN ✓ MFG part# 4623		1	12.99 /EA	12.99

** PAID IN FULL **

710.62

TAXABLE 726.05
NON-TAXABLE 0.00
SUBTOTAL 726.05
TD DISCOUNT -72.61

TAX AMOUNT 57.18

TOTAL 710.62

BANKCARD PAYMENT
BKCRD# XXXXXXXXXXXXX8216

710.62



TOT WT: 0.00
MID: 000006618409

APP: 096813

X

Received By