



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1207877
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: _____

1207877

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Becker Oil Corporation
Well Name	SHIRWISE 1
Doc ID	1207877

Tops

Name	Top	Datum
Cedar Hills SS	1127	(+1348)
Stone Corral Anhy	1630	(+845)
Krider	2558	(-83)
Heebner Shale	4031	(-1556)
Lansing Group	4090	(-1615)
Marmaton Group	4530	(-2055)
Cherokee Shale	4704	(-2229)
Base Penn. Ls.	4737	(-2262)
Cherokee-Morrow SS	4762	(-2287)
Miss.	4808	(-2333)



Quality Oilwell Cementing, Inc

740 Wichita Avenue

PO Box 32

Russell, KS 67665

Phone # 785-324-1041

Invoice

Date	Invoice #
4/13/2010	3977
Terms	
Net 30	
Due Date	5/13/2010

Bill To
BECKER OIL CO P.O. BOX 1150 PONCA CITY OK 74602

P.O. No.

Quantity	Description	Amount
200	Common	2,200.00T
4	GEL	74.00T
7	Calcium	329.00T
50	Celloscal	100.00T
211	Handling of Product	422.00
1	MILEAGE	500.00
1	8 5/8" Wooden Plug	69.00T
1	Surface Pipe 0-500ft	500.00
45	Pump Truck Charge-Mileage	315.00
554	DISCOUNT-Only Applicable if payment is received within terms from Invoice Date	-554.00T
347	DISCOUNT-Only Applicable if payment is received within terms from Invoice Date	-347.00
	LEASE: SHRIWISE WELL #1	
	Hodgeman County Sales Tax	143.06

Thank you for your business.

Total

\$3,751.06

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 3977

Date	4-9-10	Sec.	17	Twp.	24	Range	24	County	Hodgeman	State	Ks	On Location		Finish	10:30 P.M.
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Lease	Sherwin	Well No.	1	Location	JT Moore Ks
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Contractor	AZ Dels	Owner	G S W Indo
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Type Job	Surface	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
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Hole Size	12 1/4	T.D.	375	Charge To	BECKER O.L
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Csg.	8 7/8 24"	Depth	372	Street	
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Tbg. Size		Depth		City	
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Tool		Depth		State	
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Cement Left in Csg.		Shoe Joint	15	The above was done to satisfaction and supervision of owner agent or contractor.	
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Meas Line		Displace	22.8 Bbl.	Cement Amount Ordered	
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EQUIPMENT			200's Common 2 1/2 GEL 3 1/2 CC 1/4" CF		
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Pumptrk	5	No.		Cement	5	Common	200
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Bulktrk	3	No.		Helper	5	Poz. Mix	
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Bulktrk	PJ	No.		Driver	5	Gel.	\$
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JOB SERVICES & REMARKS			Calcium		
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Remarks:	Run 9 H's 8 7/8 24" set @ 372	Hulls	
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Rat Hole		Salt	
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Mouse Hole		Flowseal	50"
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Centralizers		Kol-Seal	
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Baskets		Mud CLR 48	
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D/V or Port Collar		CFL-117 or CD110 CAF 38	
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Mix Pump	200's Common	Sand	
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2 1/2 GEL 3 1/2 CC 1/4" CF		Handling	2 1/2
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		Mileage	08 PER SX PER MILE
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		8 5/8	FLOAT EQUIPMENT
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SHUT DOWN		Guide Shoe	
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RELEASE PLUG		Centralizer	
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DISP 22.8 Bbls total		Baskets	
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		AFU Inserts	
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CLOSE VALVE ON CSG 250*		Float Shoe	
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10:00 P.M.		Latch Down	
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GOOD CIRC THEN JOB		1 8 5/8 WOODEN PLUG	
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		Pumptrk Charge	Surface
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		Mileage	45
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CIRC CMT TO PIT			
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			3513.20
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THANKS			
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TODD RICHARD JOE			
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Signature			
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			3751.06
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Pumptrk	5	No.		Cement	5	Common	200
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Bulktrk	3	No.		Helper	5	Poz. Mix	
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		8 5/8	FLOAT EQUIPMENT
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SHUT DOWN		Guide Shoe	
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RELEASE PLUG		Centralizer	
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GOOD CIRC THEN JOB		1 8 5/8 WOODEN PLUG	
--------------------	--	---------------------	--

		Pumptrk Charge	Surface
--	--	----------------	---------

		Mileage	45
--	--	---------	----

CIRC CMT TO PIT			
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			3513.20
--	--	--	---------

THANKS			
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TODD RICHARD JOE			
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Signature			
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			3751.06
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