



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1208720  
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: \_\_\_\_\_



1208720

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](mailto: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:  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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

268425

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

**FIELD TICKET & TREATMENT CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER
5-23-14	4517	Kreibiel #2
CUSTOMER	Radell Koehn	
MAILING ADDRESS	1977 Moccasin Road	
CITY	STATE	ZIP CODE
Salva	KS	67443
JOB TYPE	HOLESIZE	HOLE DEPTH
Longstring B	7 7/8	2254
CASING DEPTH	DRILL PIPE	TUBING
2254		
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk
10.5	99.63	
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI
52.24	1000	500
REMARKS: Safety meeting, articulate with 60/140 pod 8y gel, 2y cc, 5y kpt sea and CAF 38y displaced with 1500 psi check float, float calculated 3 bbl cement to cementing		
Second Stage		

TICKET NUMBER 46344  
LOCATION 120  
FOREMAN Jacob Storm

**WELL REPORT**

AD: 15-113-21364-09-00

SECTION	TOWNSHIP	RANGE	COUNTY
25	19	2W	McPherson
TRUCK #	DRIVER	TRUCK #	DRIVER
03	Josh	702	Reese
13	Mark		
42	Tracy		
81	Bill		

CASING SIZE & WEIGHT 5 7/8 17lb

**OTHER**

CEMENT LEFT IN CASING 4ft  
RATE 6.2 bpm  
Med for 2hr mix 300x  
14lb poly B/10 of KCF 115  
1.29 db landing plus ext  
old job completed  
dit full Return through

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SE	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1025.00	1025.00
5426	60	MILEAGE	4.20	N/A
5407	60	ton mileage	1.41	1091.34
1131	300	60/140	13.18	3954.00
1118 B	2400	gel	.22	528.00
1110 A	1500	Kol-Seal	.46	690.00
1102	450	Calcium chlo	.78	351.00
1107	75	poly-flake	2.47	185.25
1135	100	CFI 115	11.08	1108.00
1146	100	CAF 38	8.51	851.00
5502	7	90 var	90.00	630.00
		Subtotal	10473.59	
		discount	- 2300.18	
		total	8173.41	
		SALES TAX		383.76
		ESTIMATED TOTAL		8557.17

completed

AUTHORIZATION Reese TITLE \_\_\_\_\_

DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form





**CONSOLIDATED**  
Oil Well Services, LLC

268424

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

**FIELD TICKET & TREATMENT CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER
5-23-14	4517	Krehbiel #2
CUSTOMER	Radeil Koehn	
MAILING ADDRESS	1977 Moccasin Road	
CITY	STATE	ZIP CODE
Galva	KS	67443
JOB TYPE	Long string B	HOLE SIZE
CASING DEPTH	3523	2 7/8
SLURRY WEIGHT	15 lb	DRILL PIPE
DISPLACEMENT	22.66	SLURRY VOL
		48.38
		DISPLACEMENT PSI
		1100

REMARKS: Seiff's meeting, then pipe cement on 2 7/8" hole for 30 min with drilling mud. 150 Sks Class A Bigel 2 7/8" ce. 2 1/2" bit landing up to at 1500 drop bomb open dirtfoot at 1350 f

TICKET NUMBER 46343  
LOCATION 180  
FOREMAN Jacob Storm

**REPORT**

Api 15-113-21364-22-02

SECTION	TOWNSHIP	RANGE	COUNTY
25	19	2W	Mohave
TRUCK #	DRIVER	TRUCK #	DRIVER
03	Josh	713	Mark
02	Jacob		
87	Bill		
92	Treacy		
165			

CASING SIZE & WEIGHT 5 1/2 17 lb  
OTHER  
CEMENT LEFT IN CASING 6 ft shoe  
RATE 6.2 bpm  
Lines on 13, 5, 30, 32 Baskets  
with an 5ft shoe joint cement  
open packer shoe mix  
5# kolsseal, dispersed with  
psi check float float hole  
circulate hole for

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION OF SERVICE	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1985.00	1985.00
5406	60	MILEAGE	4.20	252.00
5407	60	ton miles	1.41	596.43
5402	1000	footage	2.3	2300.00
11045	150	class A	15.70	2355.00
1102	300	certium ch	.78	234.00
1118B	450	cap	.22	99.00
1110A	750	Kolsseal	.46	345.00
4104	5	5 1/2 Baskets	290.00	1450.00
4130	5	5 1/2 weathering	61.00	305.00
4253	1	5 1/2 type A	1663.00	1663.00
4277	1	5 1/2 DV stage	3381.00	3381.00
4310	1	5 1/2 6 ft shoe	160.00	160.00
		Subtotal	12155.43	
		discount	-	909.90
		total		11245.53

SALES TAX ESTIMATED TOTAL 649.37  
DATE 11894.90

**completed**

AUTHORIZATION *Radeil*

I acknowledge that the payment terms, unless specifically amended in account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form