



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210564
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: _____

1210564

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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Form	ACO1 - Well Completion
Operator	Voigt Oil & Gas Co., Inc.
Well Name	JD Karber 4
Doc ID	1210564

All Electric Logs Run

Borehole Compensated Neutron
Photoelectric Lithology Density Micro
Phased Induction
Shallow Focus SP
Boreholed Compensated Sonic
Sonic Bond
Gamma Ray
X-Y Caliper Combined



CONSOLIDATED
Oil Well Services, LLC

264866

TICKET NUMBER **43740**

LOCATION **180**

FOREMAN **Jacob Storm**

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

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-13	8535	JO Kacher #4	28	16	1	SeLine

CUSTOMER **oil and gas**
 LINE ADDRESS
 193 14th AVE
 Chanute, KS 67460
 DRIVER **Josh**
 DRIVER **Jeremy**
 DRIVER **Jacob**

WELL TYPE	WELL SIZE	HOLE SIZE	HOLE DEPTH	TUBING	WATER gal/sk	MIX PSI	DISPLACEMENT PSI	CEMENT LEFT in CASING
Squeez	B	7 7/8	2720	2 7/8	31	4100	1220	4.8 bpm

MARKS: **Safety meeting**
X 125 Sts across A 24cc displaced with 16 bbl water Stopped
C 15 min pump to 2150 Hhd 5 min Release fluid coming back
due back to 16 bbl shut in at 1352 psi

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
101	1	PUMP CHARGE	1085.00	1085.00
106	90	MILEAGE	4.20	378.00
07A	90	59 ton mileage	1.41	748.71
045	125	class A	15.70	1962.50
02	200	calcium chloride	1.78	156.00
Completed				
Subtotal				4330.21
SALES TAX				151.47
ESTIMATED TOTAL				4481.68

HORIZON TITLE **Rick** 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.



CONSOLIDATED
Oil Well Services, LLC

263414

TICKET NUMBER 43657
LOCATION 180
FOREMAN Jeff Shell

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

FIELD TICKET & TREATMENT REPORT
CEMENT

15-169-20350-00-00

DATE 10/18/13 CUSTOMER # 65535

WELL NAME & NUMBER JD Kamber #4

SECTION 28

TOWNSHIP 16

RANGE 1

COUNTY 59

CUSTOMER Voigt Oil & Gas Co
MAILING ADDRESS 2193 14th Ave
CITY McPherson STATE KS ZIP CODE 67460

TRUCK # 446 DRIVER Tash G
681 Jeremy M
471 Jeff S

TRUCK #
DRIVER
OTHER

JOB TYPE Longstring B HOLE SIZE 7 7/8
CASING DEPTH 2701.59 DRILL PIPE
SLURRY WEIGHT 62.49 DISPLACEMENT PSI 32,72
WATER gal/sk MIX PSI

HOLE DEPTH 2750
TUBING
WATER gal/sk
MIX PSI

CASING SIZE & WEIGHT 5 1/2
CEMENT LEFT IN CASING
RATE

REMARKS: Safety Meeting, drake circ. pumped 125 SKS class A cement
2% calcium 3% gel 5% KOI Seal displaced with 62 1/2 bbls
fresh water

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	92	MILEAGE	4.20	386.40
5407A	6 ton	Ton Mileage delivery	1.41	788.30
1104S	1255sk	class A Cement	15.70	1962.25
1102	200lbs	calcium chloride	.78	156.00
1118B	375lbs	gel	.22	82.50
1110 A	312 lbs	KOI Seal	.46	143.52
1149G	50099l	DV1100 Mudflush	1.10	550.00
4159	1	5 1/2 A FU Floort shoe	361.00	361.00
4130	4	5 1/2 centrgrizer	50.50	202.00
4104	1	5 1/2 cement Basket	240.00	240.00
4454	1	5 1/2 latch down Plug	266.75	266.75
Completed!				
Subtotal			6223.79	6223.79
Sales Tax			255.00	255.00
TOTAL			5850.00	5850.00

Revin 3737

AUTHORIZATION *Bobby Powell*

TITLE

DATE

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 the