



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211951
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: _____

1211951

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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Form	ACO1 - Well Completion
Operator	Mike Kelso Oil, Inc.
Well Name	J. G. Esfeld 6
Doc ID	1211951

Tops

Name	Top	Datum
D ANH	730	1139
D B/ANH	755	1114
L HEEB	2904	1035
L LANS	3011	1142
S ARB	3308	1439
TD OLD	3313	1444
LTD OLD	3316	1447
DDTD OLD	3320	1451
EDDTD	3420	1551



TREATMENT REPORT

Acid Stage No. _____

Date 4/16/12 District G. B. F. O. No. C39535
 Company Mike Kelsa Oil
 Well Name & No. Esfeld #6
 Location _____ Field _____
 County Barton State Ks
 Casing: Size 6" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Liner: Size 4 1/2" Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Well Hole Size _____ T. I. _____ ft. P. I. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown: _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal. _____
 Pump Trucks. No. Used: Std. 300 _____ hp. _____ Twin _____
 Auxiliary Equipment 317/310
 Packers: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____

Company Representative Mike Kelsa Treater Nathan W.

TIME (m. p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:30	-	4 1/2"		On location.
:				Liner @ 3425'
:				Pressure up to 3,000#
:				Perf @ 3378'
:				Break circulation w/ water.
:				Mix 250 sts, 65/35 pap, 6% sal, 1/2% CFR-2, 2 1/2" #1 st. Gilsonite.
:				mix 25 sts. 80/20 pap, 4% sal.
:				Displace w/ 51 bbl. Shut in.
:				Mix 50 sts. between 4 1/2 & 6"
:				Run 1" down surface.
4:00				Mix 60 sts. Circulated cement to surface.
:				
:				
:				Thank you!
:				Nathan W.

Company **MIKE KELSO OIL**
 Well **ESFELD #6**
 Field
 County **BARTON** State **KANSAS**

Location **NE - NW - SW**
 SEC. **20** TWP. **16** RGE. **11W**
 Permanent Datum **GROUND LEVEL** Elevation **1869**
 Log Measured From **GROUND LEVEL**
 Drilling Measured From **GROUND LEVEL**
 Other Services
 Elevation
 K.B. 1869
 D.F.
 G.L. 1869

Date	5-8-2012						
Run Number	ONE						
Depth Driller	3694						
Depth Logger	3583						
Bottom Logged Interval	3582						
Top Log Interval							
Open Hole Size							
Type Fluid	WATER						
Density / Viscosity							
Max. Recorded Temp.							
Estimated Cement Top							
Time Well Ready							
Time Logger on Bottom							
Equipment Number	53						
Location	GREAT BEND						
Recorded By	LANCE GREGG						
Witnessed By	MIKE KELSO						
Borehole Record		Tubing Record					
Run Number	Bit	From	To	Size	Weight	From	To
Casing Record	Surface String	Size	Mq/ft	Top	Bottom		
Prot. String	Production String	6		0	3309		
Liner		4.5		0	3428		

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

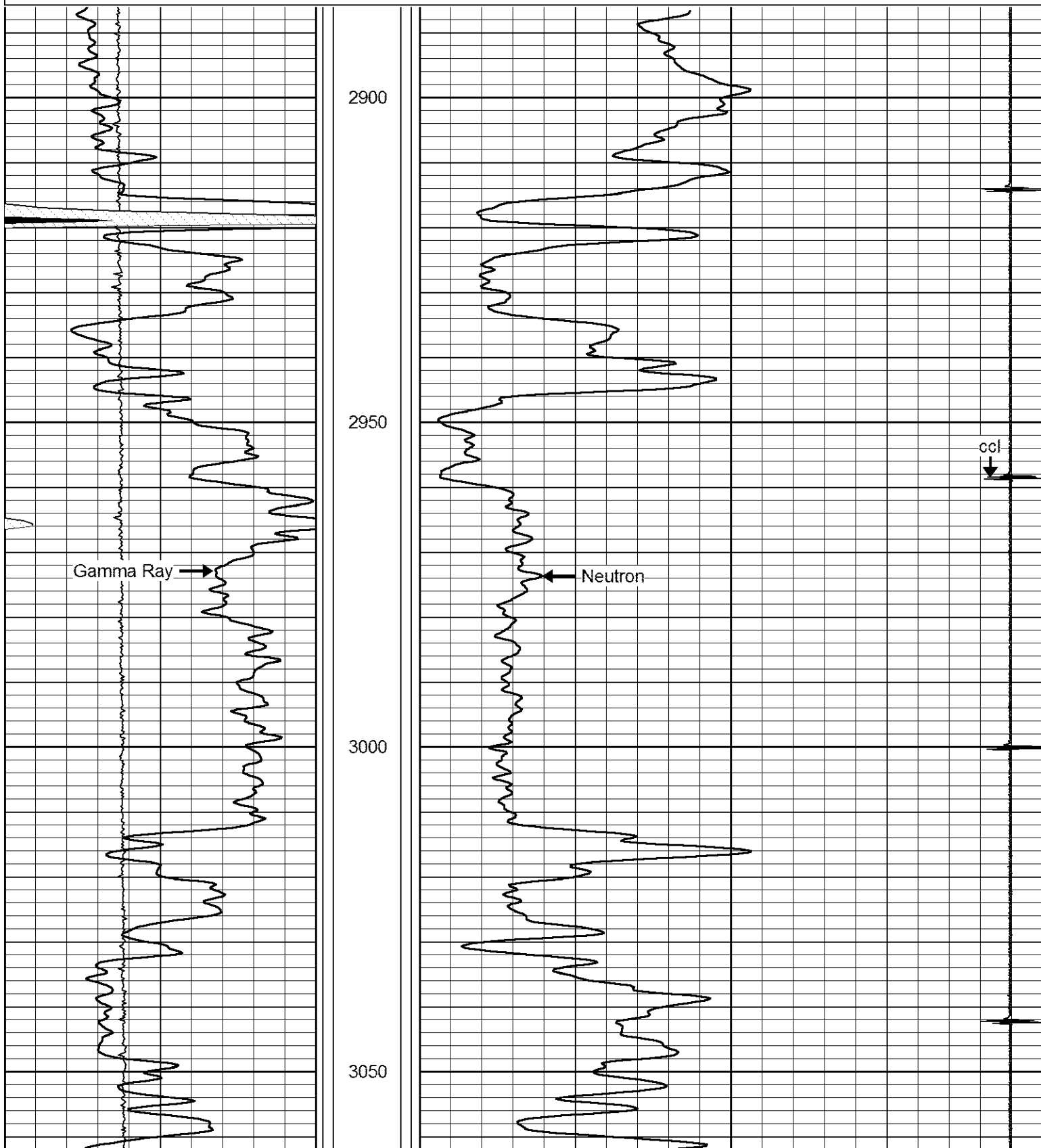
Comments

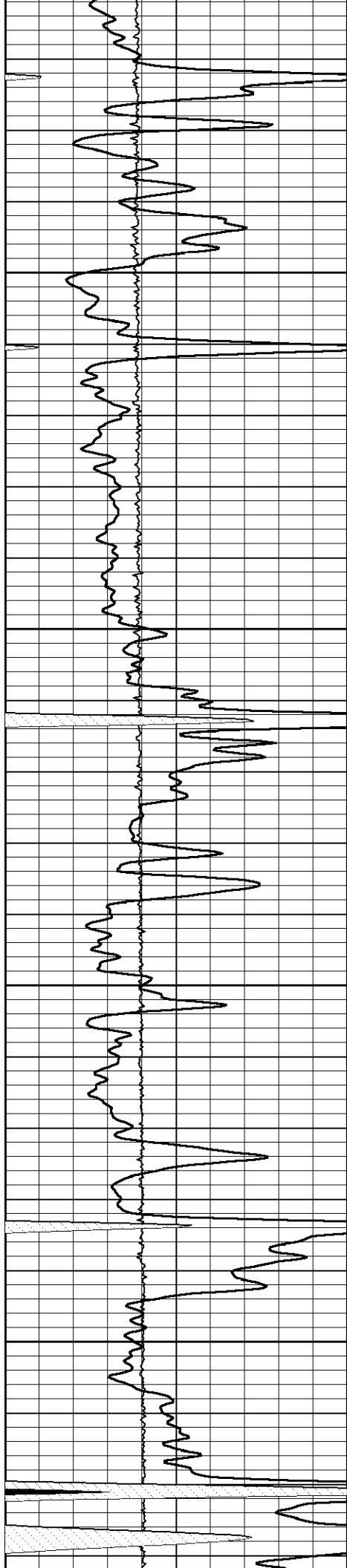
THANK YOU FOR USING LOG TECH OF KANSAS

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 Dataset Creation: Tue May 08 16:53:29 2012 by Log 6.1
 Charted by: Depth in Feet scaled 1:240

0	GR (GAPI)	150
0	LTEN (lb)	1500
150	GR (GAPI)	300
300	GR (GAPI)	450

260	NEUTRON (cps)	1200
9	ccl	-1



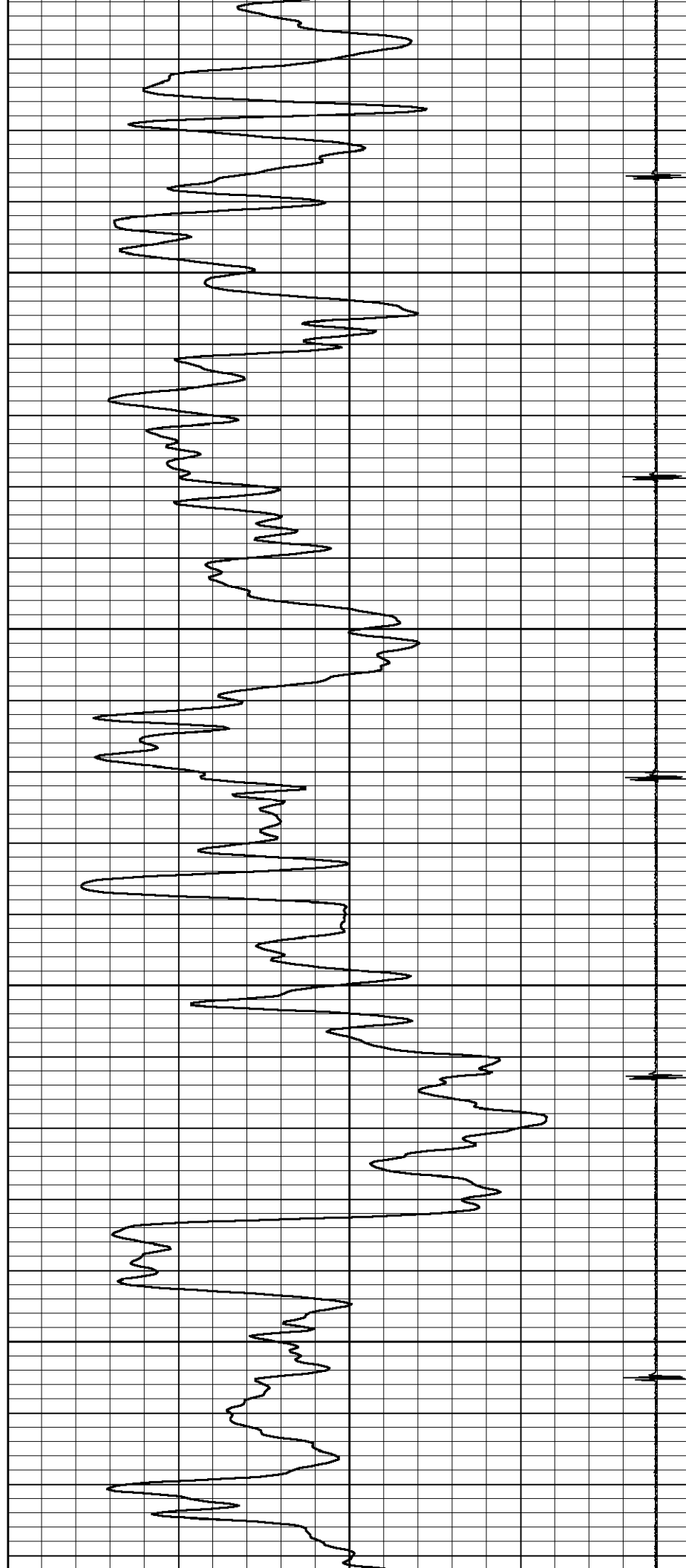


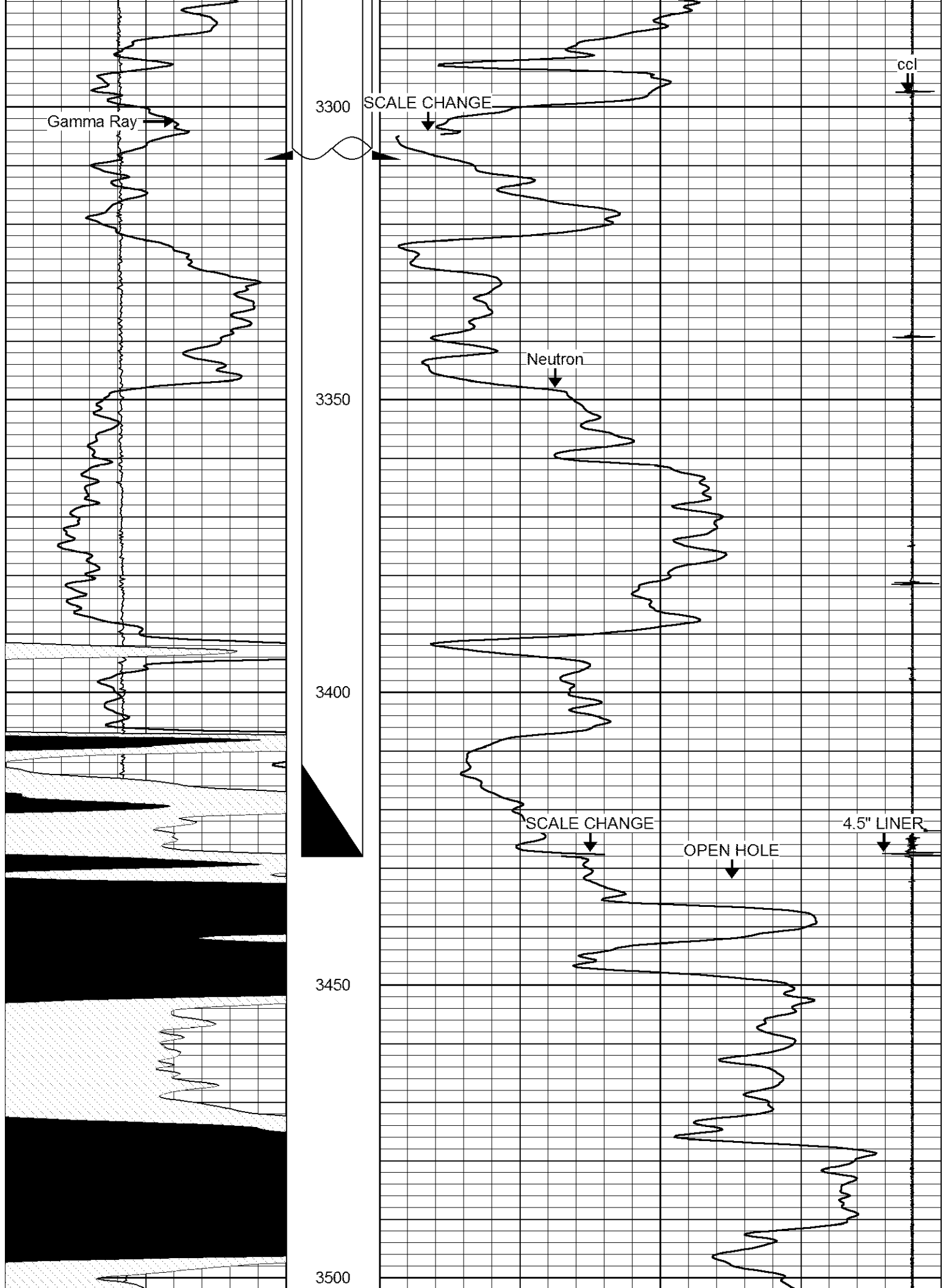
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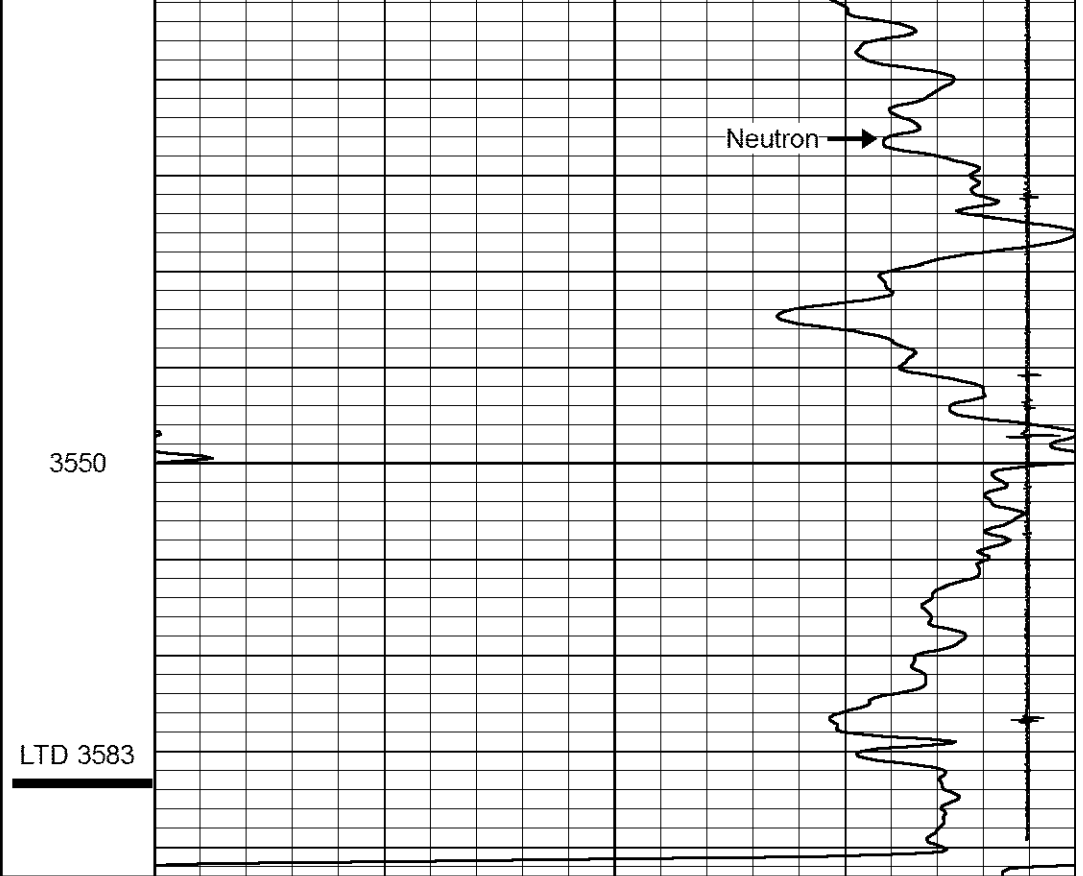
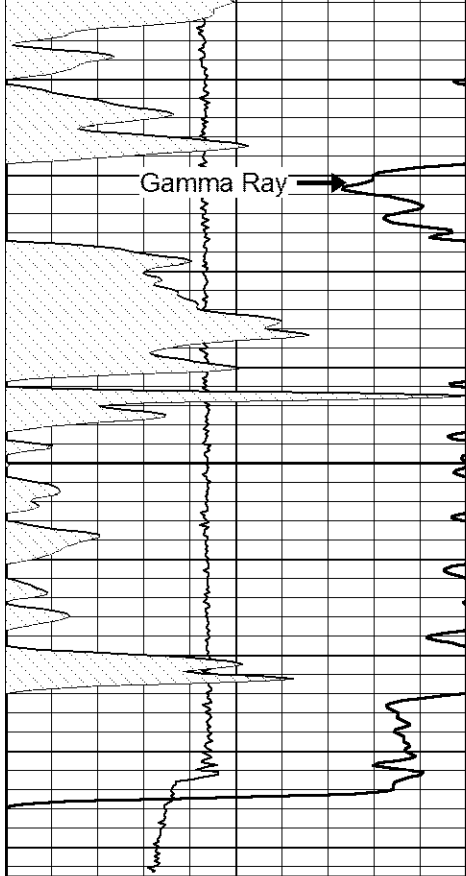
3150

3200

3250







3550

LTD 3583

0	GR (GAPI)	150
0	LTEN (lb)	1500
150	GR (GAPI)	300
300	GR (GAPI)	450

260	NEUTRON (cps)	3500
9	ccl	-1

LOG-TECH

of Kansas
Inc.

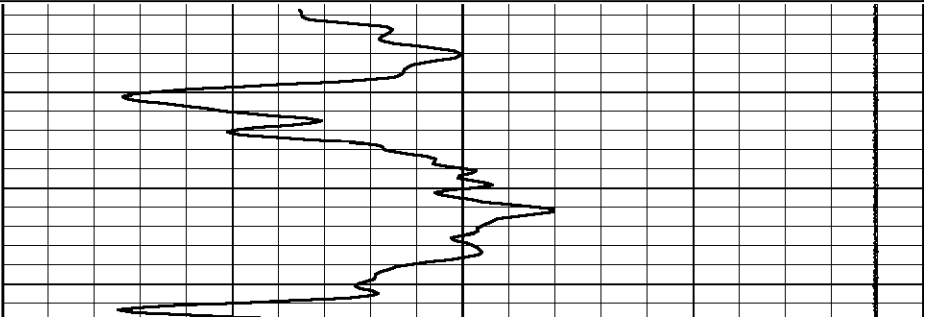
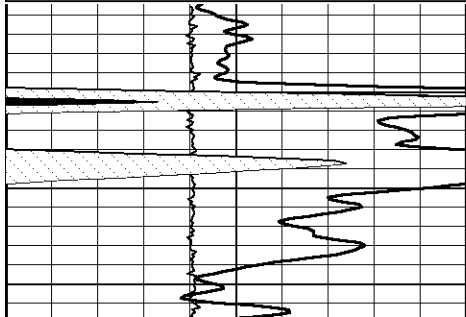
GREAT BEND, KANSAS

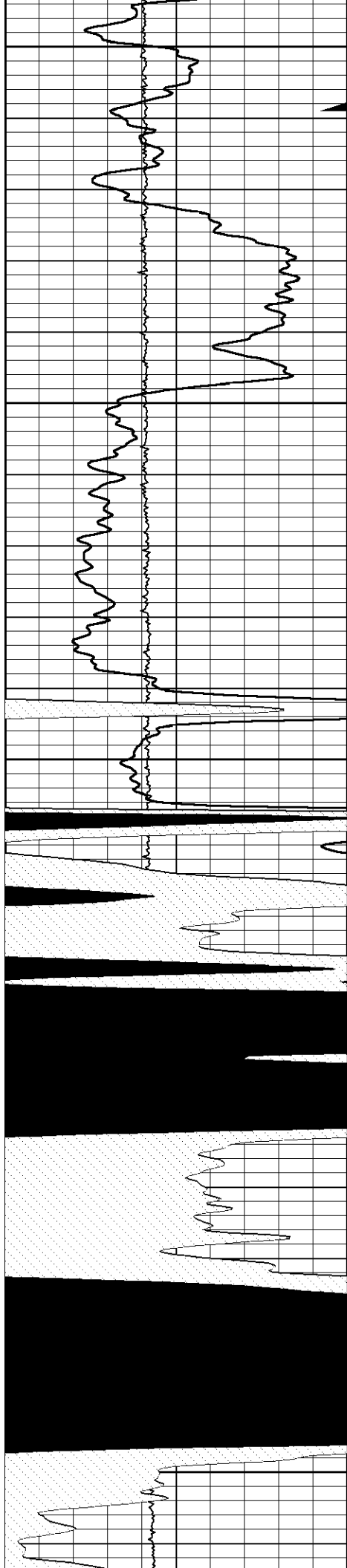
REPEAT SECTION

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 Charted by: Depth in Feet scaled 1:240

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0	LTEN (lb)	1500
150	GR (GAPI)	300
300	GR (GAPI)	450

260	NEUTRON (cps)	1200
9	ccl	-1





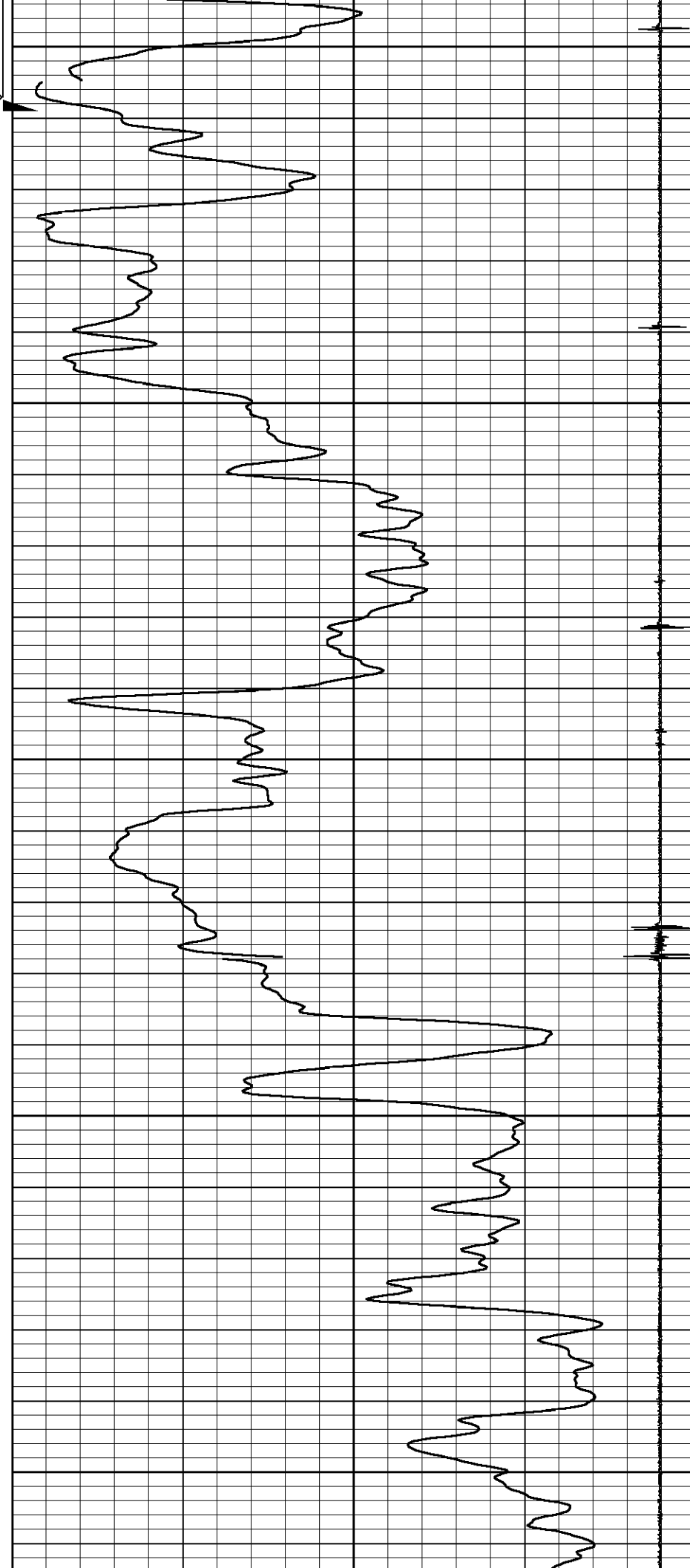
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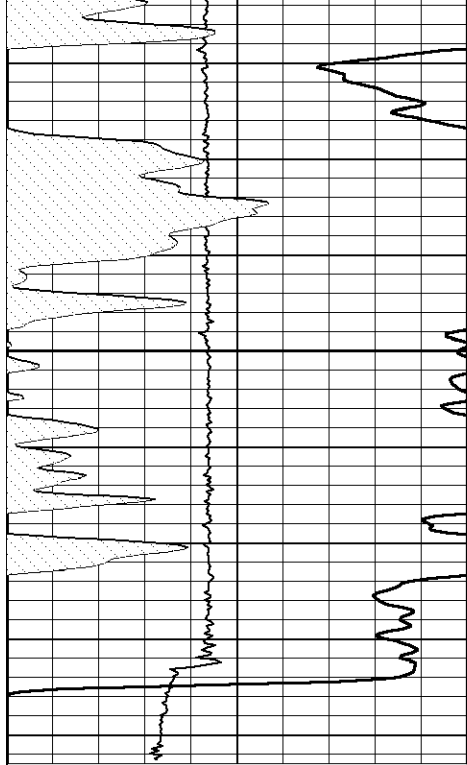
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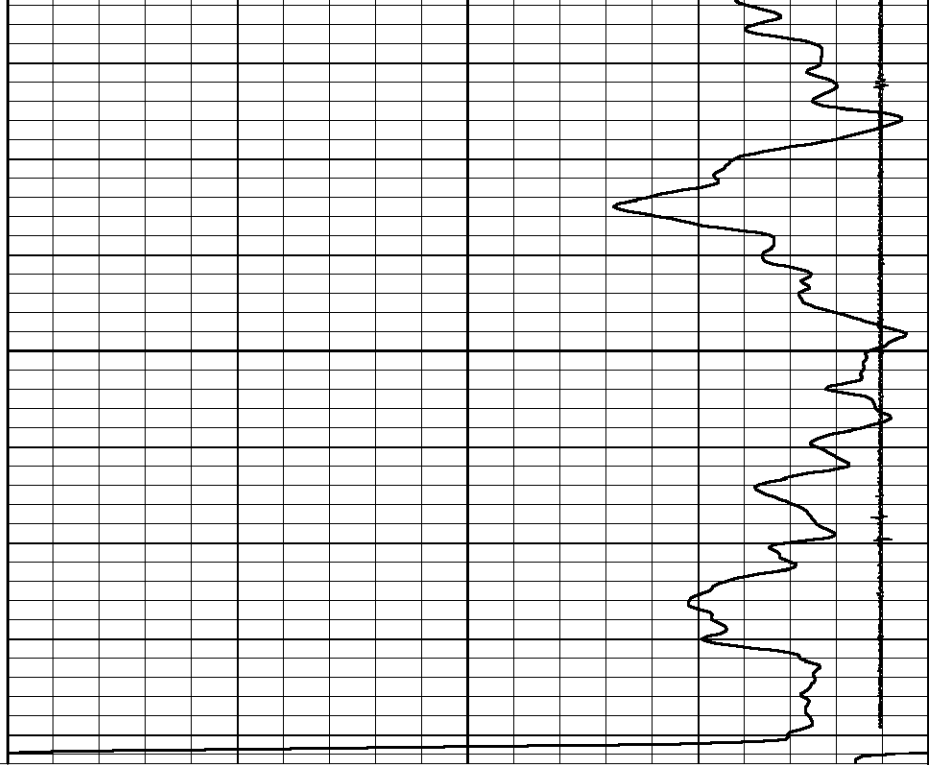
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3500





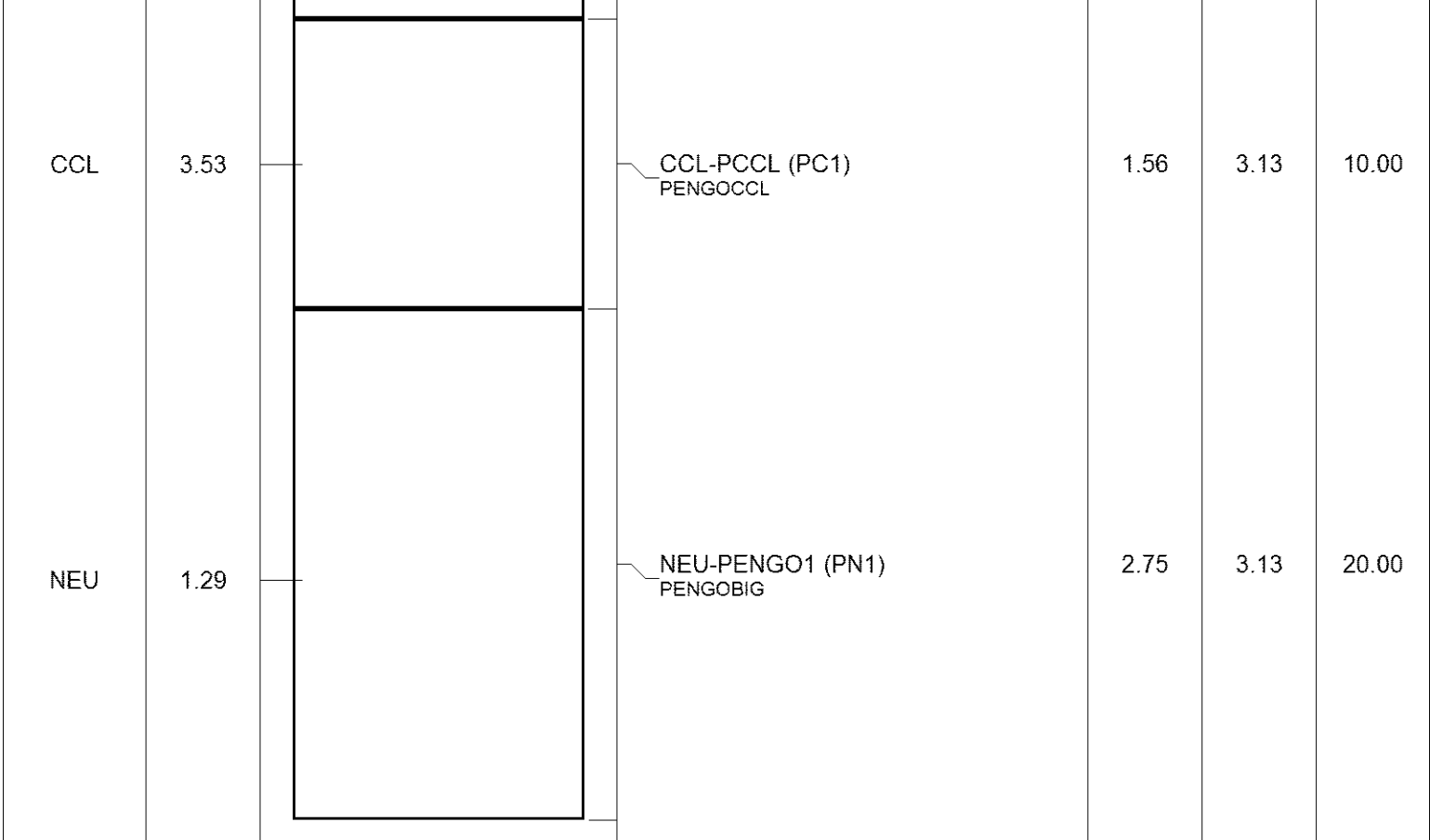
3550



0	GR (GAPI)	150
0	LTEN (lb)	1500
150	GR (GAPI)	300
300	GR (GAPI)	450

260	NEUTRON (cps)	3500
9	ccl	-1

Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
GR	7.73		CHD-STNDRD (1) Standard Cable Head	1.00	1.44	10.00
			GR-pgr1 (pgr01) pengobiggr	4.13	3.13	30.00



Dataset: esfeld.db: field/well/run1/pass4
 Total Length: 9.44 ft
 Total Weight: 70.00 lb
 O.D.: 3.13 in