

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1212633

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			SecTwpS. R East West				
Address 2:			Feet from North / South Line of Section				
City: S	tate: Ziŗ	D:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NV	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	Lona: _			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	W	/ell #:		
New Well Re-Entry Workover			Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ SWD ☐ SIOW			Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A	☐ ENHR	☐ SIGW	Total Vertical Depth:	Plug Back Total C	Depth:		
CM (Coal Bed Methane)	GSW	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well In			If yes, show depth set:				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:				
Original Comp. Date:			loot doparto.				
Deepening Re-perf.	_	NHR Conv. to SWD	5				
Plug Back	Conv. to GS		Drilling Fluid Manageme				
			Chlarida contenti	nom Fluid valums	bblo		
Commingled	Permit #:		Chloride content:	• •			
Dual Completion	Permit #:		Dewatering method used:				
SWD	Permit #:		Location of fluid disposal if	hauled offsite:			
☐ ENHR	Permit #:		Operator Name:				
☐ GSW	Permit #:		Lease Name:				
			Quarter Sec				
Spud Date or Date Recompletion Date	ached TD	Completion Date or Recompletion Date	County:	rwp5.			

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 I II Approved by: Date:

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson to surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	atic pressures, both d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	tion, 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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate Top Bottom		Type of Cement	# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons			p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug			cture, Shot, Cement	ment Squeeze Record of Material Used) Depth		
Specify Footage of Each Interval Perforated			(Allount and Kind of Material Cood)					
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN							
Fotimeted Day 1 12	0" -	Flowing			Other (Explain)) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	Bbls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit)	ACO-5) (Sub	omit ACO-4)		-	



TICKET NUMBER 32689

LOCATION 077 9W9

FOREMAN Flan Made

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
7-21-11	5209	Frear	. 3		NE 17	21	22	21/
CUSTOMER A	F Ro	GALLACI	0(TRUCK#	DRIVER	TRUCK#	DRIVER
MAR KESOUNCES			1	514	Blann	Sato Yu	Meet	
P.O. BOX 304				368	Tim L.	760	37.265	
CITY		STATE	ZIP CODE	1	370	Arlan Me	AKM	
Parke		155	66072		S58	DerekN	Dm	
JOB TYPE DA	9 13thing	HOLE SIZE	53/8	HOLE DEPTH	+ <u>514</u>	CASING SIZE &	WEIGHT 2 3	8
CASING DEPTH	310	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	N	SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT	/	5
DISPLACEMENT	/ 1	DISPLACEMEN	50018095	MIX PSI	10.11.1	RATE	pon	
		4 . 1	reeting	Egt	10 11	o rute.	Mixe	e v
Pumpe	d 1000	1947	-D flug	4		well b	Y	5 K
Punk	cement,	- Li	calate	a cev	nent.	hold B	DA AST	13.
Sox	Clast Pic	Closed	2 valo	0	W E/I	VIETA DE	00 101,	
Je / J	1041,	0000	- 00.0	<u> </u>		91	401	
	0						0.000	
Hat	- Drilli	1 5	444.4		-	4		
		0				10	11-1	
						Alm	Juan	
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	f SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5401		l	PUMP CHARG	E				975.00
5406	1	٥	MILEAGE					
5402	57	10	casi	1c for	tago			
5407	min	,	ton	mile	5			330.00
5502C	13	g	80 V	ac				1330
								6 7 5
1126	45	SK	DWG			Met .		805.50
11185	400		gel					1000
1143	V2	991	ES	A41				20.20
4402	1		2/2	plus				28,00
							 	
			1.12 #	1117	שרא		 	
			Wou	dya	107		-	
							1	
			-				1	
					140	6.3	SALES TAX	5378
Ravin 3737	_ /	1			I.		ESTIMATED	7 7/17 118
	R. S	CA-					TOTAL	177/190
AUTHORIZTION	Proce			TITLE	d in writing on t		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.