



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1213769  
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: \_\_\_\_\_

1213769

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

<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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**DIEBOLT LUMBER AND SUPPLY INC.**  
**2661 Nebraska Road**  
**La Harpe, Kansas 66751**  
**FAX: (620) 496-2226**  
**PHONE: (620) 496-2222**

CUST NO: 2969    JOB NO: 000    PURCHASE ORDER:    REFERENCE:    TERMS: NET 28    CLERK: PME    DATE / TIME: 5/28/13 11:54

TERMINAL: 591

SOLD TO:  
 B & C DRILLING  
 J BOLLINGER OR H CONLEY  
 19334 SW 500 RD  
 COLONY            KS 66015  
 620-852-3038

SHIP TO:

SALESPERSON: PM PHIL EBERT  
 TAX: 001 KANSAS TAX

**INVOICE: J92426**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	27	27	BG	94PC	94# TYPE I PORTLAND CEMENT	2	27'	10.45 /BG	282.15

REPRINT

\*\* PAID IN FULL \*\*

TAXABLE 282.15  
 NON-TAXABLE 0.00  
 SUBTOTAL 282.15

CHECK PAYMENT  
 CK# 3717

TAX AMOUNT 21.31

**TOTAL 303.46**



TOT WT: 0.00

X

Received By \_\_\_\_\_

Building Materials  
 Farm & Ranch Supplies  
 Structural Steel Products  
 Hardware & Paint

# GLEAVER

## FARM & HOME

A Division of Cleaver Farm Supply, Inc.  
 2103 S. SANTA FE  
 CHANUTE, KS 66720  
 (620)431-6070

RETURN POLICY - within 30 days only -  
 merchandise must be in saleable  
 condition and accompanied by invoice.

No refunds on Special Order non-stock  
 items

Account due 10th of month  
 following purchase. 1 1/2%  
 interest per month added for an  
 annual percentage rate of 18%.

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 19334 SW 500 RD  
 COLONY, KS 66015

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 19334 SW 500 RD  
 COLONY, KS 66015



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS		ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
C1755		CASH SALE		1253472	05/28/14	KN	817628	05/28/14
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION		PRICE	AMOUNT	
0.50	0.00	0.50	EA	2X12X12 HEM FUR		17.516	8.76*	
				21212HF		*List* 18.278		
30	0	30	EA	CEMENT STANDARD TYPE 1 94LB		10.000	300.00*	
				MONARCH				
				STD				
4	0	4	EA	1 X 6 X 10' PINE BOARD		5.600	22.40*	
				16102P		*List* 6.200		
1	0	1	EA	SPADE BIT 3/4"		3.771	3.77*	
				521453		*List* 4.190		
PAYMENT BY:								
DESCRIPTION	REFERENCE/CHECK #	AUTH CODE	DATE	AMOUNT				
CHECK	3726	00	05/28/14	363.06				
			CHANGE:	0.00				
July 17, 2014 15:44:36 KEN NUSBAUM 0 / 2						MERCHANDISE	334.93	
***** * INVOICE * *****						OTHER	0.00	
10 PAGE 1 OF 1						TAX 8.400%	28.13	
						FREIGHT	0.00	
						TOTAL	363.06	



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CUST NO: 2969    JOB NO: 000    PURCHASE ORDER:    REFERENCE:    TERMS: NET 28    CLERK: RS    DATE / TIME: 5/28/13 1:44

TERMINAL: 553

SOLD TO:  
 B & C DRILLING  
 J BOLLINGER OR H CONLEY  
 19334 SW 500 RD  
 COLONY            KS 66015  
 620-852-3038

SHIP TO:

SALESPERSON: RS ROLAND SUTTERBY  
 TAX: 001 KANSAS TAX

**INVOICE: J92465**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	30	30	BG	94PC	94# TYPE I PORTLAND CEMENT	2	30	10.45 /BG	313.50

REPRINT

\*\* PAID IN FULL \*\*

TAXABLE	313.50
NON-TAXABLE	0.00
<b>SUBTOTAL</b>	<b>313.50</b>

CHECK PAYMENT  
 CK# 3715

TAX AMOUNT            23.67

<b>TOTAL</b>	<b>337.17</b>
--------------	---------------



TOT WT: 0.00

X \_\_\_\_\_  
 Received By

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CUST NO: 2969    JOB NO: 000    PURCHASE ORDER:    REFERENCE:    TERMS: NET 28    CLERK: RS    DATE / TIME: 2/20/14 4:06

TERMINAL: 551

SOLD TO:  
 B & C DRILLING  
 J BOLLINGER OR H CONLEY  
 19334 SW 500 RD  
 COLONY KS 66015  
 620-852-3038

SHIP TO:

SALESPERSON: RS ROLAND SUTTERBY  
 TAX: 001 KANSAS TAX

**INVOICE: A25407**

LINE	SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/ PER	EXTENSION
1	22	22	BG	94PC	94# TYPE I PORTLAND CEMENT	2	22	10.45 /BG	229.90
2	18	18	BG	70MC	70# MASONRY CEMENT TYPE N	2	18	7.99 /BG	143.82

\*\* PAID IN FULL \*\*

TAXABLE	373.72
NON-TAXABLE	0.00
<b>SUBTOTAL</b>	<b>373.72</b>

CHECK PAYMENT  
 CK# 1955

TAX AMOUNT 27.66

<b>TOTAL</b>	<b>401.38</b>
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TOT WT: 0.00

X \_\_\_\_\_  
 Received By

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CHECK PAYMENT  
 CK# 3715

TAX AMOUNT 23.67

<b>TOTAL</b>	<b>337.17</b>
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TOT WT: 0.00

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NON-TAXABLE	0.00
<b>SUBTOTAL</b>	<b>282.15</b>

CHECK PAYMENT  
 CK# 3717

TAX AMOUNT 21.31

<b>TOTAL</b>	<b>303.46</b>
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TOT WT: 0.00

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