

Co	nfiden	tiality	/ Requested:
	Yes	N	lo

Kansas Corporation Commission Oil & Gas Conservation Division

1213171

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
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
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 #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Eures, whether shut-in predict final chart(s). Attach	essure reached stati	c level, hydrosta	atic pressures, bott		
		otain Geophysical Data a or newer AND an image		ogs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			on (Top), Depth an		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	ew Used			
			conductor, surface, inte		ion, 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 / SQL	JEEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydrau	ulic fracturing treatment o	n this well?		Yes	No (If No, ski	p questions 2 aı	nd 3)
Does the volume of the to	otal base fluid of the hydr	aulic fracturing treatment ex	_	= :	No (If No, ski	p question 3) out Page Three	
Shots Per Foot	PERFORATIO Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS:	Open Hole		Comp. Comp.	mmingled	PRODUCTIO	ON INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	Leo 3
Doc ID	1213171

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.6250	23.00	213	Class A	Calcium Cloride
Production	7.8750	5.50	15.50	3480	Class A	Gel, Calcium Cloride





TICKET NUMBER LOCATION 180 FOREMAN Jeff Shell

	hanute, KS 66720 FI or 800-467-8676	ELD TICKET & TREA CEME	1 - 00 10010 1 - 1		21150	00-00
DATE		ELL NAME & NUMBER	SECTION	15-035- TOWNSHIP	RANGE	COUNTY
3/11/14 CUSTOMER	1128 Lea-	#3	21	33	4	Cowley
	1.1-		TRUCK#	DRIVER	TRUCK #	DRIVER
Altan O	ESS		603	TeremyA	THOUSE IF	Ditty
PO Bo	X 117		502	Joey		
CITY	STATE	ZIP CODE	5.39	Jeff S		
winfi	eld KS	67156	9.77	VETT		
	rface B HOLE SIZE		тн 226	CASING SIZE & V	NEIGHT 85	2
ASING DEPTH		TUBING			OTHER	
LURRY WEIGH			Vsk	CEMENT LEFT in		
ISPLACEMEN	The same of the sa	NT PSI 200 MIX PSI				
REMARKS: S	afety Meeting A	roke circ. Dum	oed 1205	KS C19.88	1 cemen	+
3% C91	10 ium 2 % Gel 1/2	16 Polyflake di	solgred to	Surface w	ith 1.3 b	115
fresh			7		,	
			-			
		*				
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE			870,00	870,00
5406	50	MILEAGE			4,20	235,20
11045	12051	S classA ceme	en t	-	15.70	1884.00
1102	28818				.78	224,64
1118 B	240/3		7.0.0		122	52.80
1107	7.5-14	s Polyflake				
5407A	670	Ton mile age d	plivery		1,41	473.76
	4107	Ton mile gera	ctively			1,0,0
			7			
		-		X	Sultatal	392515
				pa inda	Discount	3925,65
				minus	- ISCOUN!	107.00
- :-					c 14-tal	212115
					10010171	3221,65
		+	16/1	comple	en	
			LVI	- willing	CALFOTAY	105 11
vin 3737				_	SALES TAX ESTIMATED	105-14
	n. \ /:		. 10		TOTAL	3326.79
LITHORIZTION	m. Dall	TITLE /	Tool Push		DATE 3-11-	14 7

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 for

Ravin 3737

AUTHORIZTION



266598

TICKET NUMBER	42933
LOCATION 180	
FOREMAN T	h 61-000

total SALES TAX

DATE

ESTIMATED TOTAL

PO	Box	884.	Cha	nute,	KS	66720
620	-431	-9210	or	800-	467-	8676

DATE CUSTOMER WELLNAME SNUMBER SECTION TOWNSHIP RANGE COUNTY 3-16-14 1128 Less #3 2 333 4E COUNTY AND COUNTY 1128 Less #3 2 333 4E COUNTY WALLING ADDRESS PO BOY 17 STATE ZIPCODE PH		hanute, KS 6672		D HOKE		T ACT		711210	
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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

TITLE_