

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1219913

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: Original Total Depth: Original Total Depth:	feet depth to: w/ sx cmt. Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #: Dual Completion Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used:
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. TwpS. 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:								

Page Two



Operator Name:				_ Lease l	Name: _			Well #:			
Sec Twp	S. R	East V	West	County	:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,	
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log	
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple	
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum	
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No								
List All E. Logs Run:											
			CASING		☐ Ne						
	0: 11-1-	· ·				ermediate, product		# O	T	d Damasat	
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives	
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD					
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used	Type and Percent Additives					
Perforate Protect Casing											
Plug Back TD Plug Off Zone											
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)		
Does the volume of the to							= :	p question 3)	of the ACO	()	
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i> 	
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth	
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1					
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity	
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA		
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled				
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)				

Form	ACO1 - Well Completion
Operator	Double D's LLC
Well Name	Giebler 1
Doc ID	1219913

Tops

Name	Тор	Datum
Andydrite Top	1496	+648
Anhydrite Base	1539	+605
Topeka	3189	-1045
Heebner	3426	-1282
Toronto	3449	-1305
LKC	3468	-1324
ВКС	3713	-1569
Marmington	3766	-1622
Arbuckle Not Reached	NA	NA
RTD	3900	-1756



QUALITY OILWELL CEMENTING, INC. PO Box 32 - 740 West Wichita Ave, Russell KS 67665 Phone:785-324-1041 fax:785-483-1087 Email: cementing@ruraltel.net

Date: 8/13/2014 Invoice # 374

P.O.#:

Due Date: 9/12/2014 Division: Russell

Invoice

Contact: DOUBLE D'S Address/Job Location: DOUBLE D'S 133 E 12TH HAYS KS 67601

Reference: GIEBLER 1

Description of Work:

PLUG JOB

Services / Items Included: Labor Common-Class A POZ Mix-Standard Bulk Truck Matl-Material Service Charge Premium Gel (Bentonite) Flo Seal Pump Truck Mileage-Job to Nearest Camp Bulk Truck Mileage-Job to Nearest Bulk Plant Dry Hole Plug	Quantity 183 122 316 11 76 11 11	6666666666	Price 1,020.55 3,067.94 859.02 706.35 200.15 169.88 122.70 71.80 62.59	Taxable Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	ltem	Quantity	Price	Taxable
Invoice Terms: Net 30			Disco	unt Avai	lable <u>ONLY</u> if Invoice is I within listed i	SubTotal: Paid & Received terms of invoice:	\$ 6,280.98 (942.15)	_
				6.15% E		I for Taxable Items: Non-Taxable Items: Total: Tax:	\$ 5,338.83 - 5,338.83 328.34	
Thank You For Your Business	!			3 <u>-</u>		Amount Due: blied Payments: Balance Due:	5,667.17 5,667.17	•

Past Due Invoices are subject to a service charge (annual rate of 24%) This does not include any applicable taxes unless it is listed. ©2008-2013 Straker Investments, LLC. All rights reserved.

LWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 374

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Lease Citalel			Well No.		Owner	Mary Alekt Turk					
Contractor Relal	1				Vou are her	Dilwell Cementing, In-	t cementing equipmen	nt and furnish			
Type lon Cotary Pha						cementer and helper to assist owner or contractor to do work as listed.					
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Tbg. Size	in so	Depth	descina fizzio.	100	City	43 4 4 4	State				
Tool		Depth			The above w	as done to satisfaction	and supervision of owner	er agent or contractor.			
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Mouse Hole 153K					Kol-Seal						
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Baskets				on Pages	CFL-117 or CD110 CAF 38						
D/V or Port Collar				1 1 1 1 1 1 1	Sand			1 10 10 1 11 1 12 1			
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QUALITY OILWELL CEMENTING, INC. PO Box 32 - 740 West Wichita Ave, Russell KS 67665

PO Box 32 - 740 West Wichita Ave, Russell KS 67665 Phone:785-324-1041 fax:785-483-1087 Email: cementing@ruraltel.net Date: 8/5/2014 Invoice # 570

P.O.#:

Due Date: 9/4/2014

Division: Russell

Invoice

Contact: DOUBLE D'S Address/Job Location: DOUBLE D'S 133 E 12TH HAYS KS 67601

Reference: GIEBLER 1

Description of Work:

SURFACE JOB

Services / Items Included:	Quantity	Price	Taxable	<i>Item</i>	Quantity	Price	Taxable
Labor		\$ 1,020.55	No				1
Common-Class A	150	\$ 2,514.71	Yes				- 1
Bulk Truck Matl-Material Service Charge	158	\$ 353.18	No				
Calcium Chloride	5	\$ 311.04	Yes				
Pump Truck Mileage-Job to Nearest Camp	11	\$ 122.70	No				l
Bulk Truck Mileage-Job to Nearest Bulk Plant	11	\$ 71.80	No				
Premium Gel (Bentonite)	3	\$ 54.59	Yes				

Invoice Terms:		\$ 4,448.55	
Net 30	Discount Available ONLY if Invoice within lists	\$ (667.28)	
	SubT	\$ 2,448.28	
	SubTotal f	\$ 1,332.98	
-		Total:	\$ 3,781.27
	6.15% Ellis County Sales Tax	Tax:	\$ 150.57
Thank You For Your Business!		Amount Due:	\$ 3,931.84
	A	applied Payments:	
		Balance Due:	\$ 3,931.84

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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Cell 785-324-1041 Home Office P.O. Box 32 Russell, KS 67665

No. 570

Cell 785-324-1041 Finish On Location State County Sec. Twp. Range 13 13 20 Date Well No Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish Contractor cementer and helper to assist owner or contractor to do work as listed. Type Job Charge OUBLE T.D To Hole Size Street Depth State City Depth Tbg. Size The above was done to satisfaction and supervision of owner agent or contractor. Depth Tool Cement Amount Ordered Shoe Joint Cement Left in Csg Displace Meas Line EQUIPMENT Common Cementer Poz. Mix Helper Pumptrk FILL Driver No. Gel. Driver Bulktrk Driver Calcium Bulktrk Driver JOB SERVICES & REMARKS Hulls Salt Remarks: Flowseal Rat Hole Kol-Seal Mouse Hole Mud CLR 48 Centralizers CFL-117 or CD110 CAF 38 Baskets Sand D/V or Port Collar Handling Mileage FLOAT EQUIPMENT Guide Shoe Centralizer Baskets AFU Inserts Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount Total Charge