



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1218981  
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: \_\_\_\_\_

1218981

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

<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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5/30/2014

#268522



2550000761

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Todd Miller	State, County	Chautauqua, Kansas	Cement Type	CLASS A	
Job Type	longstring	Section		Excess (%)	30	
Customer #	3921	TWP		Density	14.5	
Well No.	Huffman #600	RGE		Water Required		
Mailing Address		Formation		Yield	1.58	
City & State		Tubing		Sacks of Cement	135	
Zip Code		Drill Pipe		Slurry Volume	213.3cuft	
Contact		Casing Size	4 1/2 INCH	Displacement	18.6	
Email		Hole Size	5 3/4	Displacement PSI		
Cell		Casing Depth	1175	MIX PSI		
Dispatch Location	BARTLESVILLE	Hole Depth	1188	Rate		
<b>Code</b>	<b>Cement Pump Charges and Mileage</b>	<b>Quantity</b>	<b>Unit</b>	<b>Price per Unit</b>		
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00	
5402	FOOTAGE	1175	PER FOOT	\$0.23	\$ 270.25	
5406	EQUIPMENT MILEAGE (ONE-WAY)	10	PER MILE	\$4.20	\$ 42.00	
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
<b>EQUIPMENT TOTAL</b>					<b>\$ 1,612.25</b>	
<b>Cement, Chemicals and Water</b>						
1126	WC. CEMENT (CAL SEAL) 6%OWC, 2% CAL CHLORIDE 2% GE	135	0	\$19.75	\$ 2,666.25	
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00	
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00	
1110A	KOL SEAL (50 # SK)	1350	0	\$0.46	\$ 621.00	
1102	CALCIUM CHLORIDE	900	0	\$0.78	\$ 702.00	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
<b>Chemical Total</b>					<b>\$ 4,141.25</b>	
<b>Cement Water Transports</b>						
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
<b>Transports Total</b>					<b>\$ -</b>	
<b>Cement Floating Equipment (TAXABLE)</b>						
<b>Cement Basket</b>						
0		0		\$0.00	\$ -	
<b>Centralizer</b>						
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
<b>Float Shoe</b>						
0		0		\$0.00	\$ -	
<b>Float Collars</b>						
0		0		\$0.00	\$ -	
<b>Guide Shoes</b>						
0		0		\$0.00	\$ -	
<b>Baffle and Flapper Plates</b>						
0		0		\$0.00	\$ -	
<b>Packer Shoes</b>						
0		0		\$0.00	\$ -	
<b>DV Tools</b>						
0		0		\$0.00	\$ -	
<b>Ball Valves, Swedges, Clamps, Misc.</b>						
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
0		0		\$0.00	\$ -	
<b>Plugs and Ball Sealers</b>						
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25	
0		0		\$0.00	\$ -	
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 47.25</b>	
				0	SUB TOTAL	\$ 5,800.75
				8.15%	SALES TAX	\$ 474.49
					TOTAL	\$ 6,142.11
				5%	(-DISCOUNT)	\$ 290.04
					<b>DISCOUNTED TOTAL</b>	<b>\$ 5,835.00</b>

<b>DRIVER NAME</b>	
492	jake
579	ryan p

AUTHORIZATION Speedy  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
FOREMAN Adson Bill

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.