



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1222788  
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: \_\_\_\_\_

1222788

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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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Larry Watts	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	9	Excess (%)	40%
Customer Acct #		TWP	35S	Density	14
Well No.	Longhorn #19	RGE	15E	Water Required	7.9
Mailing Address		Formation		Yeild	1.74
City & State		Tubing		Sacks of Cement	145
Zip Code		Drill Pipe		Slurry Volume	44.9
Contact		Casing Size	41/2	Displacement	20/21.5
Email		Hole Size	6 3/4	Displacement PSI	300
Cell		Casing Depth	1264	MIX PSI	500
Dispatch Location	EUREKA	Hole Depth	1287	Rate	3

**Cement Pump Charges and Mileage**

Code	Description	Quantity	Unit	Price per Unit	Total
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	38	PER MILE	\$4.20	\$ 159.60
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
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>EQUIPMENT TOTAL</b>					<b>\$ 1,612.60</b>

**Cement, Chemicals and Water**

Code	Description	Quantity	Unit	Price per Unit	Total
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL.CHLORIDE 2% GE	145	0	\$19.75	\$ 2,863.75
1107A	PHENOSEAL	75	0	\$1.35	\$ 101.25
1110A	KOL SEAL (50 # SK)	900	0	\$0.46	\$ 414.00
1111	GRANULATED SALT (50#) SELL BY #	950	0	\$0.39	\$ 370.50
1118B	PREMIUM GEL/BENTONITE (50#)	900	0	\$0.22	\$ 198.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (1,184.25)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0		0	0	\$0.00	\$ -
<b>CHEMICAL TOTAL</b>					<b>\$ 2,763.25</b>

**Water Transport**

Code	Description	Quantity	Unit	Price per Unit	Total
5504B	FLATBED DELIVERY	2	FLATBED DELIVERY	\$105.00	\$ 210.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>TRANSPORT TOTAL</b>					<b>\$ 210.00</b>

**Cement Floating Equipment (TAXABLE)**

Code	Description	Quantity	Unit	Price per Unit	Total
0	Cement Basket		0	\$0.00	\$ -
0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Collars		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flapper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	DV Tools		0	\$0.00	\$ -
0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Plugs and Ball Sealers		0	\$0.00	\$ -
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
0	Downhole Tools		0	\$0.00	\$ -
0			0	\$0.00	\$ -

<b>CEMENT FLOATING EQUIPMENT TOTAL</b>	<b>\$ 47.25</b>
<b>SUB TOTAL</b>	<b>\$ 4,633.10</b>
<b>6.15% SALES TAX</b>	<b>\$ 251.42</b>
<b>TOTAL</b>	<b>\$ 4,884.52</b>
<b>0% (-DISCOUNT)</b>	<b>\$ -</b>
<b>DISCOUNTED TOTAL</b>	<b>\$ 4,884.52</b>

TRUCK#	DRIVER NAME
690	John Wade
485	Zevi
611	Colby
418	Johnathon

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

TITLE \_\_\_\_\_  
FOREMAN *John Wade*

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.

Air Drilling Specialist  
Oil & Gas Wells

**THORNTON AIR ROTARY, LLC**  
Office Phone: 620-879-2073

PO Box 449  
Caney, KS 67333

Date Started	<b>7/8/2014</b>
Date Completed	<b>7/9/2014</b>

Operator	A.P.I #	County	State
<b>Larry Watt</b>	<b>15-125-32430-00-00</b>	<b>Montgomery</b>	<b>Kansas</b>

Well No.	Lease	Section	Township	Range
<b>19</b>	<b>Longhorn</b>	<b>9</b>	<b>35</b>	<b>15 E</b>

Type of Well	Driller	Cement	Surface	TD	Size of Hole
<b>Oil</b>	<b>Billy Thornton</b>	<b>4</b>	<b>21' 2" 8 5/8</b>	<b>1287</b>	<b>6 3/4</b>

0-6	DIRT	546-580	SHALE	1124-1131	SANDY SHALE
6-8	CLAY	580-624	LIME	1131-1140	SAND
8-11	LIME	624-733	SHALE	1140-1151	SANDY SHALE
11-26	SHALE	733-735	LIME	1151-1154	SHALE
26-96	SAND / WET	735-738	SHALE	1154-1155	LIME
96-100	BLACK SHALE	738-760	LIME	1155-1156	SHALE
100-106	SANDY SHALE	760-768	BLACK SHALE	1156-1158	SAND
106-175	SHALE	768-790	SHALE	1158-1172	SHALE
186	WENT TO WATER	790-807	SAND	1172-1176	SAND
175-208	SAND	807-816	SANDY SHALE	1176-1208	SHALE
208-210	LIME	816-822	SHALE	1208-1213	SAND
210-251	SHALE	822-845	SANDY SHALE	1213-1217	SHALE
251-258	LIME	845-877	SHALE	1217-1220	SAND / LT ODOR
258-295	SAND	877-902	LIME	1220-1226	BRN SAND/ GOOD ODOR
295-296	COAL	902-908	BLACK SHALE	1226-1231	BLACK SAND
296-312	SAND	908-909	COAL	1231-1275	SHALE
312-338	SHALE	909-934	LIME	1275-1287	SANDY SHALE
338-363	SAND	934-941	BLACK SHALE	1287	TD
363-468	SHALE	941-954	LIME		
468-471	LIME	954-960	BLACK SHALE		
471-480	BLACK SHALE	960-961	COAL		
480-482	LIME	961-963	SHALE		
482-500	SHALE	963-980	SAND		
500-501	COAL	980-985	SANDY SHALE		
501-502	SHALE	985-987	LIME		
502-510	LIME	987-992	BLACK SHALE		
510-513	SHALE	992-1036	SHALE		
513-515	SANDY SHALE	1036-1037	LIME		
515-544	SAND / NO ODOR	1037-1123	SHALE		
544-546	SANDY SHALE	1123-1124	COAL		