

Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1226909

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: Operator:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet 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 #:  ENHR Permit #:  GSW 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:  Operator 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 III Approved by: Date:							

Page Two



Operator Name:			Lease Name	):		Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flowi and flow rates if gas to	ng and shut-in press surface test, along v	formations penetrated. Eures, whether shut-in prewith final chart(s). Attach	essure reached so extra sheet if m	static level, hydrosta ore space is neede	tic pressures, bott d.	om hole temp	erature, fluid recovery,
		btain Geophysical Data a or newer AND an image			iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional S	heets)	☐ Yes ☐ No		-	on (Top), Depth ar		Sample
Samples Sent to Geolo	ogical Survey	☐ Yes ☐ No	N	ame		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-	RECORD	New Used	ion, etc.		
Purpose of String	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and Percent
	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITIONAL	CEMENTING / S	SQUEEZE RECORD	1	-	,
Purpose:  Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Cement	# Sacks Used	ed Type and Percent Additives			
Plug Off Zone							
	tal base fluid of the hyd	on this well? raulic fracturing treatment ex n submitted to the chemical			No (If No, ski	p questions 2 ar p question 3) out Page Three	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement		d Depth
	Срессиу .	ootage of East mitorial For	Ioratou	(2.0	TOOM AND TO MA	ional ossay	Бори.
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed F	Production, SWD or EN	HR. Producing Metl	hod:	Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Water B	bls. G	as-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:	N	METHOD OF COM	IPLETION:		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Open Hole			mmingled mit ACO-4)		

Form	ACO1 - Well Completion			
Operator	OCFIW Oil Company, Inc.			
Well Name	Johnson 2			
Doc ID	1226909			

## All Electric Logs Run

Porosity	
Induction	
Micro	
Cement Bong	



TICKET NUMBER	43785
LOCATION 180	
FORESTAN TO	00111

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

	or 800-467-8676		CEMEN	TADI	15-155-	211/7-0	10-10
DATE	CUSTOMER#	WELL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/1/13		John Con	# 2	10	24	4	
CUSTOMER	10:10					7	Reno
MAILING ADDRE		a. Inc		TRUCK#	DRIVER	TRUCK#	DRIVER
	× 756			446	Jerald D		
CITY		STATE ZIP CODE		441	JeremyM		
Hartino	ton	NE 69739		539	Jeff'S		
JOB TYPE	fact B	HOLE SIZE 17 1/2	HOLE DEPTH	210	CASING SIZE 9 14	FIGURE 1 7 2/2	./2//
CASING DEPTH_	302.71	DRILL PIPE	TUBING		CASING SIZE & W		- 481h
SLURRY WEIGH		SLURRY VOL 62,97				OTHER	
DISPLACEMENT	11 11		MIX PSI		CEMENT LEFT in	CASING	
REMARKS: 59	fety MEE	ting broke cire	P	od ninni	RATE_		
3% (9/0;	un 2% as	el / 16 Poly displ	on day	+1 11/1/0	111 11		
Ran 1"	down Ti	10 01 01	1 1	11 44/2		ingter	
Λ.		Standing full	20200	-1955 AC	ement 3	609/ciun	
		3/1/01/13/4/11					
4-14-1-1-1							
						-	
				The second of the second			
				Burral Relie			
ACCOUNT	0114111		22.				

CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	/	PUMP CHARGE		
5406	60	MILEAGE	870,00	870.00
			4,20	252.00
11045	4100 SKS	C1955 A cement	15,70	1 in Corry in
1102	D133/63	calcium Chloride	70,70	4987.00
1118B	499165	GEL	178	901.XX
1107	125149	Paly flake	122	107,58
5407A	29 Ton	Ton milegge delivery	2.47	308,75
		The ge de lively	1,41	1092,80
				The Market of
			0 1 + 1	Ta made to A
			5,15 to 191	10,549707
				Anne Park
rin 3737	1/1/1/1/1/1		SALES TAX	7
	11/1/1		ESTIMATED	
JTHORIZTION_	my/Lla		TOTAL	
	at the nayment terms unle	TITLE	DATE	

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.



TICKET NU	MBER	4	3	7	8	9		
LOCATION	180					9		
FOREMAN	TOPP.	01	n 1	11				

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

## FIELD TICKET & TREATMENT REPORT

	01 000-467-8676	0	CEMEN	TAPI	15-155-2	11/7-00	2.00	
DATE	CUSTOMER#	WELL NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12/8/13		Johnson	#2	10	24	41	Reno	
CUSTOMER			110	70		7	NENO	
OCFI		ompany inc		TRUCK#	DRIVER	TDUOK #		
MAILING ADDRE	SS	1 1 1 1 1 1 1 1		100		TRUCK#	DRIVER	
POBOX	751			603	Jerem yA.			
CITY	100	STATE ZIP CODE		491	Mark G.			
	,	5552		539	Jeff S			
Harting	The second name of the second name of the second	NE 68739						
JOB TYPE TON	ostrino B	HOLE SIZE 77/9	HOLE DEPTH	3920	CASING SIZE & W	EICHT 51/2		
CASING DEPTH	3903	DRILL PIPE						
SLURRY WEIGH	T 14,6	SLURRY VOL 6				OTHER		
DISPLACEMENT	92.66	DISPLACEMENT PSI 1150		k				
		LACEMENT PSI 1130	MIX PSI		RATE			
		ing, brokecire		edratho	le with w	1+1250	KSCAMINT	
pumped		and Thicksetce,	HEAT	% Kolsen	1 displaced	1 plandau	10	
with 9	13/4 ODI +	reshwater	HARRIS ED. NO		The Co	P Jacu	71	
			Manager 1			-		
			HERE HERE					
The Library of			ALE RESIDENCE					

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	LIMIT PRIOR	
5401	1		UNIT PRICE	TOTAL
5406	A	PUMP CHARGE	1085,00	1085,00
0700	60	MILEAGE	4.20	252,00
1126 A	10 Cal-			
	2 x35Kg	Thick set cement	20,16	4536.00
1110 A	1058165	K015e91	,46	486.68
5407A	11 Ten	Ton Milegge delivery	1,41	930,60
4136	8	Turbolizentralizers 5/2	63.00	504,00
4104	4	5/2 b95kets	290,00	116000
4159	1	5/2 A FU Flogt Shoe	361,00	
4454	1	51/2 latch down Plus		361.00
		7771011 800/11 / 100	266,75	266,75
			0.1141	2 - 22 2 -
			Subtat91	9582,03
	1	1		
	//			
Ravin 3737	1/1/1	//	SALES TAX ESTIMATED	
AUTHODIZTICS	1.11/2/	1	TOTAL	
AUTHORIZTION_	MIN	TITLE	DATE	

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.