

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1231653

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
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.xxxxxx) (e.gxxx.xxxxxxx)
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: Kelly Bushing: 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:
GSW Permit #:	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 III Approved by: Date:

Page Two



Operator Name:				_ Lease Na	ıme:			Well #:	
Sec Twp	S. R	East V	West	County: _					
open and closed, flow and flow rates if gas t Final Radioactivity Lo	ow important tops of for ving and shut-in pressu o surface test, along wi g, Final Logs run to ob ed in LAS version 2.0 o	res, whether s ith final chart(s tain Geophysi	shut-in pres s). Attach ical Data a	ssure reache extra sheet i nd Final Elec	ed station f more ctric Lo	c level, hydrosta space is neede	atic pressures, ed.	bottom hole temper	erature, fluid recovery,
Drill Stem Tests Taker (Attach Additional		Yes	☐ No		L	og Formati	on (Top), Deptl	h and Datum	Sample
Samples Sent to Geo	logical Survey	Yes	No		Name	Э		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No						
List All E. Logs Run:									
			CASING F	RECORD	Ne	w Used			
		Report all s	strings set-co	onductor, surfa	ace, inte	rmediate, product	tion, etc.		
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weight Lbs. / F		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ΔD	DITIONAL	CEMENTING	2 / 9011	EEZE RECORD	<u> </u>		
Purpose: Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type of Ce		# Sacks U		ELECTION IN		nd Percent Additives	
Plug Off Zone									
Does the volume of the t	ulic fracturing treatment or otal base fluid of the hydraring treatment information	aulic fracturing to			-	? Yes	No (If No	o, skip questions 2 ar o, skip question 3) o, fill out Page Three	
Shots Per Foot		N RECORD - E					acture, Shot, Cen	nent Squeeze Record	d Depth
	opeony i c	orage or Each I	interval i ent	Stated		(2	inodin and Nina o	i material Oscoj	Бери
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:	Yes	No	
Date of First, Resumed	Production, SWD or ENH		ducing Meth	od: Pumping		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil Bl	bls.		Mcf	Wate		Bbls.	Gas-Oil Ratio	Gravity
Vented Solo	ON OF GAS: Used on Lease bmit ACO-18.)	Open I		ETHOD OF C	1	Comp. Co	mmingled	PRODUCTIO	ON INTERVAL:

CONSOLIDATED

269932

LOCATION OFFERS

ox 884, Chanute, KS 66720 431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

DATE DATE	CUSTOMER #		NAME & NUMBE	R SE	CTION	TOWNSHIP	RANGE	COUNTY
7.25.14	3534	Lowe	241	NE	30	17	22	M:
USTOMER	11			100 mg	Newsretin in	8 5 5 5 5 6 2 Y	a armin'i Light	Production of the con-
AILING ADDRES	Herrid	<u> </u>		TF	UCK#	DRIVER	TRUCK#	DRIVER
			- 1	102.4	2	Mad Mad	59/0/2	Macx
3553 0		STATE	ZIP CODE	1 2 6	2	MIKHOG		
941-		K.5	66067	0/	<i>U</i>	PlatCoc		
Tray	e cia.	1112	5.7	HOLE DEPTH	78	13/4/2.1		18 PM
	2.5	HOLE SIZE		TUBING	5.0_	CASING SIZE & W	OTHER 62	
ASING DEPTH_		SLURRY VOL_		NATER gal/sk		CEMENT LEFT in		-121
SPLACEMENT	21	DISPLACEMEN		MIX PSI 2012		RATE 4/ 5	Dan Chair	
EMARKS: H		exins	Estsih	Kehed ,	nto	MIVO	S & 160	8
- 4	01 - 2011	200	7	7 (SK 50	5/57	2 6 6 100	21 7 1	29
00 00	ca who to	erl ce	went.	flushe	a d	a. m. a.	D. P.C.	93 27 2
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199 10	- Part	- C. C.	75/-0	000	<i></i>	0,000		,, ,
Hudan	Drillin	4						
H WZALES	2000	5					, 11-	
					1	an M	able	
					141	BULL		
ACCOUNT	QUANITY	or UNITS	DES	CRIPTION of SERVI	CES or PR		UNIT PRICE	TOTAL
5401		7	PUMP CHARGE			368	-	1085
140/-	<i>'</i>	20	MILEAGE	**		3,5		200
3409	63		CCO	as forx	***	3/8		27
(407	44		1	10: 185	2500	538		368=
502C	7		80 0	4/		3.70		
JUNE			000	412		0.70		200-
1/24	~	7	577/57	ceme	4			/
124	,						OOL DA	V
	22	6#		CONVIC	7.7		885 60	
1100-	22	9#	ge)			, 1		
1100	22	9#		m gte		ولياي	50,38 935,88	
1700	23	9#			ricl -55	3070 -		/
	22	9#	90/	n gte	ricl -55	30% - aterial t	50,38 935,88	
	22	9#	90/		ricl -55	30% - aterial t	50,38 935,88	/
1402	22	9#	90/	n gte	ricl -55	30%0 - aterial t	50,38 935,88	/
	22	9#	90/	n gte	ricl -55	30% - aterial t	50,38 935,88	/
	22	9#	90/	n gte	ricl -55	3070 - aterial t	50,38. 935,88 - 280,76 - 1280	/ 655.12 29.50
	22	9#	90/	n gte	ricl -55	30% - aterial t	50,38 935,88	/ 655.12 29.50
	22	9#	90/	n gte	ricl -55	30% - aterial t	50,38. 935,88 - 280.76 - 12 t	/ 655,12 29,50
1402	22	9#	90/	n gte	ricl -55	3070 - aterial t	50,38. 935,88 - 280,76 0/2 (/ 655.12 29.50
	22	4	90/	n gte	ricl -55	30% - aterial t	50,38. 935,88 - 280.76 - 12 t	/ 655,12 29,50

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 to