



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1231349
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: _____

1231349

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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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#3 Ellis 23D

335' FSL & 2209' FEL

5' N & 101' E of SW SW SE Section 23-14S-32W

Logan County, Kansas

API# 15-109-21326-0000

Elevation: GL: 2769', KB: 2774'

Sample Tops			Ref. Well
Anhydrite	2222'	+552	+8
B/Anhydrite	2243'	+531	+7
Heebner	3737'	-963	+20
Toronto	3760'	-986	+15
Lansing	3774'	-1000	+17
Muncie Shale	3942'	-1168	+16
Stark Shale	4030'	-1256	+18
Hush	4067'	-1293	+16
BKC	4117'	-1343	+16
Marmaton	4135'	-1361	+18
Altamont	4156'	-1382	+20
Pawnee	4232'	-1458	+16
Myrick	4271'	-1497	+14
Fort Scott	4285'	-1511	+16
Cherokee Shale	4312'	-1538	+16
Johnson	4353'	-1579	+16
Morrow Sand	4386'	-1612	+14
Mississippian	4404'	-1630	+10
RTD	4560'	-1786	



270652

TICKET NUMBER 46656
 LOCATION Oakley Kt
 FOREMAN Jerry Y
Mils S

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-14	7173	ELLIS 23D # 3	23	14S	32W	Linn
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			399	Jeremy R		
CITY			460	Lance R		

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 4560 CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 04555 DRILL PIPE _____ TUBING _____ OTHER PC@ 2177
 SLURRY WEIGHT 14.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 21'
 DISPLACEMENT 107 3/4 bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on well 2 run flat equip, turbolizer on 2, 5, 7, 12, 14, 16, 18, 52, 54 baskets on 9, 52, 66, 85, Port collar top of 53 set @ 2177' run casing pump ball then circulate 45 min on bottom pump 5 bbl H₂O, mud flush, 5 bbl spacer plug Rh mix 200 sks OWC with 5# Kolseal 4% CDI 26 & .14# CAF 38 PRSK down center & shut down release plug & wash pump lines & displace with 100 bbl H₂O plug landed @ 1500' with 750# lift released back flat held pressed to 200# & shut in.

*Thank you
 Jerry & crew*

P.C. SN 1406395 30 sks Rh 20 Mh

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401c	1	PUMP CHARGE	3175 ⁰⁰	3175 ⁰⁰ ✓
5406	20	MILEAGE	5 ²⁵	105 ⁰⁰ ✓
5407	11.8	ton mileage delivery min	430 ⁰⁰	430 ⁰⁰ ✓
1126	250 sks	OWC	23 ⁷⁰	5925 ⁰⁰ ✓
110A	1250	Kolseal	5 ⁵⁰	700 ⁰⁰ ✓
1137	59#	CDI 26	10 ²⁰	601 ⁸⁰ ✓
1146	35#	CAF 38	10 ²⁰	357 ⁰⁰ ✓
1144G	500 gal	med flush	1 ⁰⁰	500 ⁰⁰ ✓
4159	1	5 1/2 AP 16 Flant shoe (W)	433 ²⁵	433 ²⁵ ✓
4136	10	5 1/2 turbolizers (W)	75 ⁷⁵	757 ⁵⁰ ✓
4104	4	5 1/2 baskets (W)	290 ⁰⁰	1160 ⁰⁰ ✓
4454	1	5 1/2 latch downassy (W)	567 ⁰⁰	567 ⁰⁰ ✓
4285	1	5 1/2 port collar (J)	2178 ²⁵	2178 ²⁵ ✓
		Subtotal		16890 ⁰⁰
		less 10% disc		1689 ⁰⁰
		546 total		15201 ⁷⁵
		SALES TAX		907.50 ✓
		ESTIMATED TOTAL		16,109.27 ✓

Form 3737

AUTHORIZATION [Signature] 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.

