

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1235415  
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: \_\_\_\_\_

1235415



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:  Yes  No

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> _____					
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**REMIT TO**  
P. INV  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 271946

Invoice Date: 10/23/2014 Terms: 0/30/10,n/30

Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

LEE JOHNSON #8  
46530  
8/16/1  
10/16/2014  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	125.00	15.7000	1962.50
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1102	CALCIUM CHLORIDE (50#)	400.00	.7800	312.00
1107	FLO-SEAL (25#)	75.00	2.4700	185.25

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-754.42

Description	Hours	Unit Price	Total
446 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
446 EQUIPMENT MILEAGE (ONE WAY)	90.00	4.20	378.00
491 TON MILEAGE DELIVERY	531.00	1.41	748.71

Amount Due 4691.27 if paid after 11/02/2014

Parts:	2514.75	Freight:	.00	Tax:	125.87	AR	3882.91
Labor:	.00	Misc:	.00	Total:	3882.91		
Sublt:	-754.42	Supplies:	.00	Change:	.00		

Signed Pd 10-27-14 ck# 7989

Date





**CONSOLIDATED**  
Oil Well Services, LLC

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Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
Fax 620/431-0012

INVOICE

Invoice # 271963

Invoice Date: 10/23/2014 Terms: 0/30/10,n/30

Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

LEE JOHNSON #8  
46533  
8/16/1  
10/20/2014  
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	75.00	15.7000	1177.50
1102	CALCIUM CHLORIDE (50#)	150.00	.7800	117.00
1118B	PREMIUM GEL / BENTONITE	250.00	.2200	55.00
1110A	KOL SEAL (50# BAG)	375.00	.5600	210.00
4159	FLOAT SHOE AFU 5 1/2"	1.00	361.0000	361.00
4454	5 1/2" LATCH DOWN PLUG	1.00	266.7500	266.75
4104	CEMENT BASKET 5 1/2"	1.00	290.0000	290.00
4130	CENTRALIZER 5 1/2"	3.00	61.0000	183.00

Sublet Performed	Description	Total
9996-180	CEMENT MATERIAL DISCOUNT	-468.45

Description	Hours	Unit Price	Total
603 CEMENT PUMP	1.00	1085.00	1085.00
603 EQUIPMENT MILEAGE (ONE WAY)	90.00	4.20	378.00
681 TON MILEAGE DELIVERY	315.00	1.41	444.15
681 CASING FOOTAGE	1500.00	.23	345.00

Amount Due 5102.61 if paid after 11/02/2014

Parts:	2660.25	Freight:	.00	Tax:	156.72	AR	4600.67
Labor:	.00	Misc:	.00	Total:	4600.67		
Sublt:	-468.45	Supplies:	.00	Change:	.00		

Signed Pd 10-27-14 ck# 7989

Date



**CONSOLIDATED**  
Oil Well Services, LLC

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

27/963

TICKET NUMBER 46533  
LOCATION EL Dorado  
FOREMAN Fuzz

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-14	7922	Lee Johnson #8	8	16	6	Saline
CUSTOMER Scotts Production LLC			7-35 to Hwy 4 East to Wittmore 3 south E+5 in			
MAILING ADDRESS P.O. Box 136						
CITY Roybury	STATE KS	ZIP CODE 67476				
TRUCK # DRIVER TRUCK # DRIVER						
			603	Tracy		
			681	Stevon		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 2696 CASING SIZE & WEIGHT 5"2 15.5  
 CASING DEPTH 2696 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 1.48 WATER gal/sk 7.3 CEMENT LEFT in CASING 0  
 DISPLACEMENT 64.1 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on C+G #2 Rig up. Float equip. Cent. 1-3-5  
Basket #8 Circulate 30min. Pump 5 BBL water. 500gal mud  
Flush 5 BBL water. Mix 75sk Class A 390gal 290cc w/5\*  
Kol-seal pensk. Wash pump and lines Drop plug and displace  
65"4 BBL. 500\* high 1100\* land. Float held

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	90	MILEAGE	4.20	378.00
5407A	3.5 Ton	Tow mileage Delivery	141	494.15
5402	1500'	Casing Footage	1.23	345.00
11045	75 sks	Class A'	15.70	1177.50
1102	150*	Calcium chloride	.78	117.00
1118B	250*	Gel	.22	55.00
1110A	375	Kol-seal	.56	210.00
4159	1	5"2-ASU Float shoe	361.00	361.00
4454	1	5"2- Latchdown Assy	266.25	266.25
4104	1	5"2- Basket (w)	290.00	290.00
4130	3	5"2- cent (w)	61.00	183.00
		subtotal		4912.40
		less discount		468.45
		subtotal		
				4443.95
		SALES TAX		156.72
		ESTIMATED TOTAL		4600.67

Ravin 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.

0 59



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 46533  
LOCATION EL Dorado  
FOREMAN Fuzz

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-20-14		Lee Johnson #8	8	16	6	Saline	
CUSTOMER		7-35 to Hwy 44 East No Whitmore 3 south E+5		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				603	Tracy		
P.O. Box 136				681	Stouven		
CITY	STATE	ZIP CODE					
Roxbury	KS	67476					

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 2696 CASING SIZE & WEIGHT 5"2 15.5  
 CASING DEPTH 2696 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 6.48 WATER gal/sk 7.3 CEMENT LEFT in CASING 0  
 DISPLACEMENT 64.1 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on C+G #2 Rig up. Float equip. Cent. 1-3-S  
Basket #8 Circulate 30min. Pump 5 BBL water, 500gal mud  
Flush 5 BBL water mix 7 sacks class A, 390cc 290cc w/s #  
Kolsval presk. Wash pump and lines Drop plug and displace  
65"4. BBL, 500\* w/s 1100\* land. Float hold

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 <sup>00</sup>	1085 <sup>00</sup>
5406	90	MILEAGE	420	378 <sup>00</sup>
5407A	3.5 ton	Tow mileage Delivery	141	493 <sup>50</sup>
5402	1500	Casing Footage	.23	345 <sup>00</sup>
1104S	75sks	Class A	1520	1137 <sup>50</sup>
1102	150#	Calcium chloride	.78	117 <sup>00</sup>
1118B	250#	Gel	.22	57 <sup>50</sup>
1110A	375	Kolsval	.56	210 <sup>00</sup>
4159	1	5"2 - A/SU Float shoe	361 <sup>00</sup>	361 <sup>00</sup>
4464	1	5"2 - Latelodown Assy	266 <sup>25</sup>	266 <sup>25</sup>
4104	1	5"2 - Basket (w)	290 <sup>00</sup>	290 <sup>00</sup>
4130	3	5"2 - cent (w)	61 <sup>00</sup>	
		subtotal		4731 <sup>90</sup>
		less discount		468 <sup>45</sup>
		subtotal		4263 <sup>45</sup>
		SALES TAX		
		ESTIMATED TOTAL		

Ravin 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.