



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1236127
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: _____

1236127

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 Yes No
(Attach Additional Sheets)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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 (Amount and Kind of Material Used)	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:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Commingled (Submit ACO-4)

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **1718**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
9-13-14	1053	PFHREM #3A		18	31S	10E	ELK	Ks
Customer C & E OIL				Safety Meeting KM AM SM ES	Unit #	Driver	Unit #	Driver
Mailing Address 422 ELM					104	Alan M		
City Moline					114	Ed S.		
State KS					113	Steve M.		
Zip Code 67353								

Job Type <u>Longstring</u>	Hole Depth <u>2673' KD</u>	Slurry Vol. <u>49 BBL STAGE #1 83 BBL STAGE #2</u>	Tubing _____
Casing Depth <u>2619' G.L.</u>	Hole Size <u>7 7/8</u>	Slurry Wt. <u>12.8 - 13.7</u>	Drill Pipe _____
Casing Size & Wt. <u>5 1/2 17 #</u>	Cement Left in Casing <u>0'</u>	Water Gal/SK _____	Other _____
Displacement <u>38.9 STAGE 2</u>	Displacement PSI _____	Bump Plug to _____	BPM _____

Remarks: Safety Meeting: 5 1/2 Casing Set @ 2619'. DV Tool Set @ 1648' Below G.L. Rig up to 5 1/2 Casing. Set Basket Shoe @ 750 PSI. Pump 15 BBL Fresh water. Mixed 150 SKS THICK Set Cement w/ 5" Kol-Seal /sk, 1" PhenoSeal /sk @ 13.7 #/gal = 83 BBL Slurry. Wash out Pump & Lines. Shut down. Release Plug. Displace Flex Plug to Seat w/ 62.5 BBL water. FINAL Pumping Pressure 750 PSI. Bump Plug to 1200 PSI. Release Pressure. Drop Trip Bomb. Wait 6 mins. open DV Tool @ 1300 PSI. Circulate 8 BBL Cement Slurry to Pit w/ mud Pump. Circulate for 1 1/2 Hrs. Stage #1 Complete. Stage #2 Pump 10 BBL water. Mixed 275 SKS 60/40 Pozmix Cement w/ 6% Gel, 2" PhenoSeal /sk @ 12.8 #/gal = 83 BBL Slurry. Wash out Pump & Lines. Shut down. Release Closing Plug. Displace Plug to Seat w/ 38.9 BBL water. FINAL Pumping Pressure 700 PSI. Close DV Tool @ 1300 PSI. Bump Plug to 1800 PSI. Release Pressure. No Flow Back. Tool Closed. Job Complete

Centralizers on #1, 3, 5, 7, 23 Baskets on top of #10, 23. DV Tool Top of #24

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge Stage #1	1050.00	1050.00
C 107	35	Mileage	3.95	138.25
C 102	1	Pump Charge Stage #2	1050.00	1050.00
C 201	150 SKS	THICK Set Cement	19.50	2925.00
C 207	750 #	Kol-Seal 5" /sk	.45 #	337.50
C 208	150 #	PhenoSeal 1" /sk	1.25 #	187.50
C 203	275 SKS	60/40 Pozmix Cement	12.75	3506.25
C 206	1420 #	Gel 6%	.20 #	284.00
C 208	550 #	PhenoSeal 2" /sk	1.25 #	687.50
C 108	20.07 TONS	Ton Mileage 35 miles	1.35	948.31
C 161	1	5 1/2 Type B BASKET Shoe	1290.00	1290.00
C 161	1	5 1/2 FLOAT COLLAR Body only	225.00	225.00
C 116	1	5 1/2 DV TOOL (STAGE COLLAR) w/ Plugs	3325.00	3325.00
C 604	2	5 1/2 Cement BASKET	225.00	450.00
C 504	5	5 1/2 CENTRALIZERS	48.00	240.00
C 190	1	THREAD LOCK KIT	30.00	30.00
<u>THANK YOU</u>			Sub TOTAL	16,674.31
			7.15% Sales Tax	964.37
Authorization <u>Witnessed By Ed</u> Title _____				Total 17,638.68

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

