



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1236857  
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: \_\_\_\_\_

1236857

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	C5 Energy LLC
Well Name	Sanders 35-35
Doc ID	1236857

Tops

Name	Top	Datum
DEER CREEK	2	1080
LECOMPTON	71	1011
ELGIN	98	984
OREAD	226	856
DOUGLAS	396	396
DOUG STRAY GAS	588	494
IOLA	893	189
LITTLE SALT	957	125
BIG SALT	1143	-61
DRUM	1247	-165
REDD	1270	-188
LENÉPAH	1443	-361
WAYSIDE	1449	-367
ALTAMONT	1511	-429



CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	C-5 Energy	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section		Excess (%)	30
Customer Acct #		TWP		Density	14
Well No	Sanders #35-35	RGE		Water Required	7.9
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	165
Zip Code		Drill Pipe		Slurry Volume	51 bbl
Contact		Casing Size	4 1/2"	Displacement	24.8
Email		Hole Size	6 3/4"	Displacement PSI	200-800
Cell		Casing Depth	1563'	MIX PSI	200
Dispatch Location	BARTLESVILLE	Hole Depth		Rate	4 bpm

Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1563	PER FOOT	\$0.23	\$ 359.49
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
<b>EQUIPMENT TOTAL</b>					<b>\$ 2,216.49</b>

Cement, Chemicals and Water					
1126	W/C. CEMENT (CAL SEAL) 6%QWC, 2% CAL CHLORIDE 2% GE	165	0	\$19.75	\$ 3,258.75
1118B	PREMIUM GEL/BENTONITE (50#)	200	0	\$0.22	\$ 44.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	1000	0	\$0.46	\$ 460.00
1111	GRANULATED SALT (50#) SELL BY #	1100	0	\$0.39	\$ 429.00
0			TOTAL	\$0.00	\$ 4,299.75
0			DISCOUNT	\$0.00	\$ (1,289.92)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	8400	Per 1000 Gal	\$17.30	\$ 145.32
<b>Chemical Total</b>					<b>\$ 3,155.15</b>

Cement Water Transports					
5501C	WATER TRANSPORT (CEMENT)	4	WATER TRANSPORT (CEME	\$120.00	\$ 480.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	4	BL VACUUM TRUCK (CEM	\$100.00	\$ 400.00
0			0	\$0.00	\$ -
<b>Transports Total</b>					<b>\$ 880.00</b>

Cement Floating Equipment (TAXABLE)					
Cement Basket					
0			0	\$0.00	\$ -
Centralizer					
4129	CENTRALIZER 4 1/2"	4	PER UNIT	\$44.00	\$ 176.00
0			0	\$0.00	\$ -
Float Shoe					
4156	FLOAT SHOE 4 1/2" (FLAPPER)	1	PER UNIT	\$238.00	\$ 238.00
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
Downhole Tools					
0			0	\$0.00	\$ -
<b>CEMENT FLOATING EQUIPMENT TOTAL</b>					<b>\$ 461.25</b>

TRUCK#	DRIVER NAME				
577	Kirk Sanders		0	SUB TOTAL	\$ 6,712.89
398	James Ness		8.15%	SALES TAX	\$ 294.74
667 T219	Jeff Fildes			TOTAL	\$ 7,007.63
	Nunneley's TP		5%	(-DISCOUNT)	\$ 335.64
	H2O Xpress 80 vac			<b>DISCOUNTED TOTAL</b>	<b>\$ 6,671.99</b>

AUTHORIZATION \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
FOREMAN *Kirk Sanders*

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.







Hughes Lumber Co #6  
246 S. Osage  
918-534-1335  
Dewey, OK 74029

"Our promise is to lighten your load with dependable, responsive, knowledgeable, professional, and friendly service."

CASH SALE SOLD TO

CASH SALE SHIP TO



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER#	ORDER DATE	SLSMN	INVOICE#	INVOICE DATE
06CASHS			60162318	10/23/14	BLA6	60141332	10/23/14

ORDERED	B/O	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT
#3 35	0	35	BAG	CEMENT PORTLAND 94 LBS PORT  Warehouse : Hughes Lumber Co #6 (6)	10.740	375.90*

THE INVOICE TOTAL OF 407.85 HAS BEEN REDUCED BY THE FOLLOWING PAYMENTS:

DESCRIPTION	REFERENCE/CHECK #	AUTH CODE	DATE	AMOUNT
CHECK	1860	00	10/23/14	391.57
CASH		00	10/23/14	16.28

INVOICE

*Correct*

October 23, 2014 10:48:15 OT:BLA6	LOADED BY	DRIVER	CHECKED BY	MERCHANDISE	375.90
		0 / 1		OTHER	0.00
SHIP VIA				TAX	31.95
***** * INVOICE * *****				FUEL	0.00
6 PAGE 1 OF 1				TOTAL Change:	0.00
X _____ CUSTOMER SIGNATURE					

REFUND POLICY: MERCHANDISE CAN BE RETURNED FOR CREDIT WITHIN 30 DAYS WHEN ACCOMPANIED BY THIS RECEIPT. MERCHANDISE MUST BE IN RESALEABLE CONDITION. WE CANNOT ACCEPT RETURNS FOR BROKEN CARTON QUANTITIES OF ANY ITEM.

CUSTOMER COPY