

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1237909

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 5983	API # 15-207-29060-00-00
Operator: Victor J Leis	Lease: Tannahill
Address: PO Box 223	Well # I-1
Phone: 785-313-2567	Spud Date: 9-25-14 Completed: 9-26-14
Contractor License: 33900	Location: Sec: 33 TWP: 23 R: 16
T.D. 1122 Bite Size: 5 7/8	170 ft. from south line
Surface Pipe Size: 8 5/8 Surface Depth: 43 ft.	1980 ft. from east line
Kind of Well: Enh Rec	County: Woodson

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	4	Broken Sand	1047	1050
Clay	4	11	Oil Sand	1050	1062
Lime	11	15	Broken Sand	1062	1067
Shale	15	180	Shaley Sand	1067	1122
Lime	180	260			
Shale	260	279			
Lime	279	412			
Shale	412	429			
White Soft Lime	429	465			
Shale	465	490			
Lime	490	495			
Shale	495	536			
Lime	536	660			
Shale	660	823			
Lime	823	824			
Shale	824	836	T.D. 1122 ft.		
Lime	836	838			
Shale	838	849			
Lime	849	857			
Shale	857	916			
Lime	916	918			
Shale	918	924			
Lime	924	933			
Shale	933	947			
Lime	947	955			
Shale	955	963			
Lime	963	970			
Shale	970	976			
Lime	976	987			
Shale	987	1008			
Cap Rock	1008	1010			
Broken Sand	1010	1015			
Shale	1015	1041			
Cap Rock	1041	1042			
Shale	1042	1045			
Cap Rock	1045	1047			



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8876

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 48263
LOCATION Ottawa KS
FOREMAN Fred Maden

271449

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/26/14	5353	Tannahill #1-1	SW 38	28	16	Waco
CUSTOMER Midway Oil Co			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 227 W Maple St			712 Fred Mad 452-7103 1300 Mad			
CITY STATE ZIP CODE			495 Har Bar			
Columbus KS 66723			503 Mike Fox			
			510 Dva Web			

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 1123 CASING SIZE & WEIGHT 2 1/2" EUE
CASING DEPTH 1112 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT IN CASING 2 1/2" Plug
DISPLACEMENT 6.49 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Hold safety meeting. Establish circulation. Mix & Pump 100' Gel
Flush. Pump 11 BBL Tattletale dye Mix & Pump 50/50 for
Mix Cement 6% Gel. Follow w/ 35 SKS OWC Cement.
Flush pump & lines clean. Displace 2 1/2" Rubber Plug to
casing TD. Pressure to 800 PSI. Monitor Pressure for
30 min MIT. Release pressure to Set Flood Valve.
Shut in casing.

Waco Drilling Rig #2

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5404	60 mi	MILEAGE	495	252 ⁰⁰
5402	1117	Casing footage		1117
5407E	Minimum	Ton Miles	510	368 ⁰⁰
5501C	2 1/2 hrs	Trans port	452-T103	300 ⁰⁰
5407	Minimum	Ton Miles	503	368 ⁰⁰
1124	94 SKS	50/50 for Mix Cement	1081 ⁰⁰	
1126	355 SKS	OWC Cement	691 ²⁵	
1115B	574 ⁴	Premium Gel	126 ³⁹	
		Material	1898 ⁵³	
		Less 38%	-569 ⁵⁵	
		Total		1328 ⁸²
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			4138 ⁸⁸	
			7152 ⁰⁰	
			SALES TAX	97 ¹³
			ESTIMATED TOTAL	3828 ⁶⁰

Rev'd 3/27

AUTHORIZATION Ryan

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.