



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1238329  
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: \_\_\_\_\_



1238329

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

<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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# Drillers Log

COMPANY: \_\_\_\_\_

FARM: Thobolt

Well No. 2#

API 15-001-29,398

Surface Pipe 20.8' of 7"

T.D. Hole 1085'

T.D. Pipe 1067.30

Alien

COUNTY: \_\_\_\_\_

Sec 5 Twp 24 Range 19

Location 165' F5L

Location 2255' F5L

Spot SW, SE, SE, SW

Company tools

CONTRACTOR \_\_\_\_\_

Thickness	Formation	Depth	MINUTES PER	REMARKS	PIT NO.
	Soil	4		Drilled 9 7/8 Hole 20.8'	
	Lime	29		Set 20.8 of 7" - cemented.	
4	Shale	33			
3	Lime	36		3 5/8 Hole	
86	Shale	122			
41	Lime	163		Set surface 7-8-06	
26	Shale	189		Drilled to 1085 7-13-06	
32	Lime	221		Ran 2 7/8 7-14-06	
20	Shale	241			
17	Lime	258			
18	Shale	276			
90	Lime	366			
167	Shale	533	2	Coal 834	
48	Lime	581	39	Shale 873	
10	Shale	591	1	Coal 874	
7	Sand	598	49	Shale 923	
38	Shale	636	1	Coal 924	
36	Lime	672	89	Shale 1013	
23	Shale	695	8	Oil sd. 1021	
28	Lime	723	19	Sand 1040	
1	Shale	724	28	SH+sd. 1068	
5	Lime	729		Shale	
4	Shale	733			
2	Coal	735			
1	Shale	736			
5	Lime	741			
5	Shale	746			
1	Coal	747			
81	Shale	828			
2	Lime	830			
2	Shale	832			

Ft. Scott

USING ONLY A.M. AND P.M. TIME

RECORD TIME TOUR IS CHANGED UNDER REMARKS.

ACTUAL DRILLING TIME IS TIME SPENT IN DRILLING THE DEPTH. SHUT DOWN TIME IS SPENT SHUT DOWN FOR REPAIRS, ROUND TRIPS, WATER, ETC. SHOW WHEN BIT IS CHANGED AND KIND OF NEW BIT. MENTION ROUND TRIPS IN REMARKS COLUMN. FILL OUT THIS FORM FROM TOP TO BOTTOM OF HOLE.

Good oil show 706'-14'

Good oil show 1013'-1021'

RECEIVED

NOV 01 2008

KCC WICHITA

FED ID#  
 MC ID# 156212  
 Shop # 620 437-2661  
 Cellular# 620 437-7582  
 Office # 316 685-5908  
 Office Fax # 316-685-5926  
 Shop Address: 3613A Y Road  
 Madison, KS 66860

Hurricane Truck Services, Inc.  
 P.O. Box 782228  
 Wichita, KS 67278-2228

Cement and Acid  
 Service Ticket  
 T 1439

DATE 7-18-06

COUNTY ALLEN CITY \_\_\_\_\_

CHARGE TO RICKERSON OIL

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LEASE & WELL NO. Tuchoff #2 CONTRACTOR \_\_\_\_\_

KIND OF JOB PRODUCTION SEC. 5 TWP. 24 RNG. 19 8:30A

DIR. TO LOC. IOLA North to S. Oskola Rd. 2E - N/INTO OLD  NEW

Quantity	MATERIAL USED	Serv. Charge
65x	CLASS A	675.00
65x	Fly Ash	518.70
200lbs	GEL	185.25
		30.00
	BULK CHARGE	
35	BULK TRK. MILES <u>5.7 TON</u>	189.53
70	PUMP TRK. MILES	175.00
1	<u>2 7/8 BALL TYPE FLOAT SHOE</u>	84.00
1	<u>PLUGS 2 7/8 TOP RUBBER</u>	15.00
	SALES TAX	
	TOTAL	1872.48

T.D. 1085

SIZE HOLE 5 5/8

MAX. PRESS. \_\_\_\_\_

PLUG DEPTH 1067

PLUG USED Top Rubber

CSG. SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_

TBG SET AT 1067 VOLUME \_\_\_\_\_

SIZE PIPE 2 7/8

PKER DEPTH \_\_\_\_\_

TIME FINISHED 11:00A

REMARKS: 2 7/8 @ 1067' - LOAD TUBING - BREAK CIRCULATED 2X TUBING  
Volume - Mix & Pump 130x 50/50 poz 2 7/8 gel - WASH OUT PUMP & LINE  
Release Plug - START DISP. - 2 BBLs OUT CIRCULATE CEMENT TO SURFACE  
5 BBLs OUT FINAL DISP. PSI 400\* - 6 OUT Bump Plug 1550 - Release  
PSI TO 200\* + SHUT IN - CEMENT DID CIRCULATE!

EQUIPMENT USED

NAME Heath WATTS UNIT NO. #185

Neal Rupp #19

NAME KOUNIE UNIT NO. #91

RECEIVED  
 NOV 6 1 2006

KCC WICHITA