



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238482
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: _____



1238482

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____	PRODUCTION INTERVAL: _____ _____
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GLOBAL CEMENTING, L.L.C.

1481

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell, KS

DATE <u>9-20-14</u>	SEC. <u>15</u>	TWP. <u>085</u>	RANGE <u>18W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>2:30 AM</u>
LEASE <u>Gisela</u>	WELL #. <u>#2</u>	LOCATION			COUNTY <u>Rooks</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Shields Drilling Rig #1
TYPE OF JOB Surface
HOLE SIZE 8 1/2" T.D. 222
CASING SIZE 8 1/2" DEPTH
TUBING SIZE DEPTH
DRILL PIPE DEPTH
TOOL DEPTH
PRES. MAX MINIMUM
MEAS. LINE SHOE JOINT
CEMENT LEFT IN CSG.
PERFS
DISPLACEMENT

EQUIPMENT
PUMP TRUCK CEMENTER Cody
P1 HELPER Brad
BULK TRUCK
B9 DRIVER
BULK TRUCK
DRIVER

REMARKS:
Run 5 joints 8 1/2 casing + Landing joint
Est Circulation Hooked up pumped 1505/15
Circulated Cement Displaced 12.5 bbls of
H2O slurry + 200psi

CHARGE TO: Staab Oil Co.
STREET
CITY STATE ZIP

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME George Begler
SIGNATURE George Begler

OWNER
CEMENT AMOUNT ORDERED 1505/15 3%cc 2%gel
COMMON @
POZMIX @
GEL @
CHLORIDE @
ASC @
HANDLING @
MILEAGE @
TOTAL

SERVICE
DEPTH OF JOB
PUMP TRUCK CHARGE
EXTRA FOOTAGE @
MILEAGE @
MANIFOLD @
TOTAL

PLUG & FLOAT EQUIPMENT
@
@
@
@
TOTAL

SALES TAX (If Any)
TOTAL CHARGES
DISCOUNT IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

1458

REMIT TO 18048 170RD
RUSSELL, KS 67665

set pipe

SERVICE POINT: Russell, KS

DATE <u>9-23-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>1:00am</u>	JOB FINISH <u>2:00am</u>
LEASE <u>Gisela Eckert</u>	WELL #. <u>2</u>		LOCATION			COUNTY <u>Becks</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR Sheilds
 TYPE OF JOB Long String
 HOLE SIZE 7 7/8 T.D. 1351
 CASING SIZE 5 1/2 DEPTH 1350
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX 1500psi MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 18'
 PERFS
 DISPLACEMENT 33.5 bbl
 EQUIPMENT

PUMP TRUCK CEMENTER Heath - Cody
 # P1 HELPER Brad
 BULK TRUCK
 # B1 DRIVER Bud
 BULK TRUCK
 # DRIVER

OWNER
 CEMENT AMOUNT ORDERED 410 x 60/40 6% gel 2% CC
 COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @
 TOTAL

REMARKS:

*Ran 33 JTS of 5 1/2 casing and est circulation - circulated 30 min and mixed 250 gal mud flush - 10 bbl water behind w mix 360x and wash pump and lines clean - hook up and dis 33.5 bbl 1720 - plug landed @ 1500psi - released and float held RH = 30 MH = 155x
 Cement did circulate!*

CHARGE TO: Staab Oil
 STREET
 CITY STATE ZIP

Global Cementing, L.L.C.,
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME
 SIGNATURE Staab Oil Co. Todd Staab

SERVICE
 DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE @
 MANIFOLD @
 TOTAL

PLUG & FLOAT EQUIPMENT
5 1/2 AFU Shoe @
2-5 1/2 baskets @
1-5 1/2 LD Plug @
250 gal Mud Flush @
 TOTAL

SALES TAX (If Any)
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

1459

Plugging

SERVICE POINT:

Russell, KS

REMIT TO 18048 170RD
RUSSELL, KS 67665

DATE <i>9-26-14</i>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <i>3:45pm</i>	JOB FINISH <i>4:45pm</i>
LEASE <i>G. Sela Kihart</i>	WELL #. <i>2</i>	LOCATION			COUNTY <i>Banks</i>	STATE <i>KS</i>	
<input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE)							

CONTRACTOR *Express Well Service*

TYPE OF JOB *PTA*

HOLE SIZE _____ T.D. _____

CASING SIZE *5 1/2* DEPTH _____

TUBING SIZE *2 7/8* DEPTH *950*

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS _____

DISPLACEMENT _____

EQUIPMENT

PUMP TRUCK CEMENTER *Heath*

P1 HELPER *Brad*

BULK TRUCK _____

B1 DRIVER *Bud*

BULK TRUCK _____

_____ DRIVER _____

REMARKS:
Ran 2 7/8 tubing down to 950' and hooked up and mixed 150sx and 350# hulls and cement circulated - come out of hole and top off with 25sx down 5' s/wedge - pressure up to 500psi and shut in

CHARGE TO: *Staab Oil*

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. *Thank You!!*

PRINTED NAME _____

SIGNATURE *Staab Oil Co. Todd Staab*

OWNER _____

CEMENT AMOUNT ORDERED *175sx 60/40 4% gel*

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

ASC _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

_____ @ _____

350# hulls @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS _____