Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1238794

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   Date Reached TD   Completion Date or
Recompletion Date   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: _____

||||||| (barcode)
1238794

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

List All E. Logs Run:

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

Name	Top	Datum

CASING RECORD   ☐ New ☐ 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
____ Perforate ____ Protect Casing ____ Plug Back TD ____ 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:
☐ Vented ☐ Sold ☐ Used on Lease *(If vented, Submit ACO-18.)*	☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled *(Submit ACO-5)* *(Submit ACO-4)* ☐ Other *(Specify)* _____	_____ _____

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Anderson, Kent (deceased)
Well Name	Nightingale 2
Doc ID	1238794

All Electric Logs Run

Gamma Ray
Dual Induction
Compensating Neutron
Compensating Density

CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 46401

LOCATION El Dorado

FOREMAN Fuzzy

26967

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-3-14	3189	Nightingale #2	1	19	2w	McPherson

CUSTOMER Kent Anderson

		TRUCK #	DRIVER	TRUCK #	DRIVER
	Galva	446	Josh		
	36. Box 24	502	Dustin		
	3 1/2 in				
	Win				

MAILING ADDRESS 308 N. Main

CITY	STATE	ZIP CODE
Galva	KS	67443

JOB TYPE Surface

HOLE DEPTH 209'

CASING DEPTH 209'

HOLE SIZE 12 1/4

SLURRY WEIGHT 14.7

DRILL PIPE

TUBING

DISPLACEMENT 12 BBL

SLURRY VOL 1.36

WATER gal/sk 6.5

CASING SIZE & WEIGHT 8 5/8

CEMENT LEFT in CASING 20'

OTHER

DISPLACEMENT PSI

MIX PSI

RATE

REMARKS: Safety meeting on Mallard bug. Rig up and circulate
Mix 150 sks class 'A' cement, 390 calcium chloride, 390 gel, 12# poly flake
Displace 12 BBL water
cement did circulate approx 1 BBLS to pit

Thanks Fuzzy + crew

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085 00	1085 00
5406	65 miles	MILEAGE	4 20	273 00
5407A	7.1 ton	Ton mileage Delivery	1 41	650 16
11045	150 sks	class 'A' cement	15 70	2355 00
1102	423#	calcium Chloride	.78	329 94
1118 B	782#	Bentonite	.23	62 04
1101	75L	Poly flake	2 47	185 25
				4940 14
		less 30% cement materials		1618 22
		subtotal		4061 20
			SALES TAX	146.76
			ESTIMATED TOTAL	4208.04

Pavin 3737

AUTHORIZTION Frank Aylward **TITLE** Driller   **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.

JS

CONSOLIDATED Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

LOCATION 61 Bonyo
FOREMAN Fuzzy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-7-14	3189	Nightingale #2	1	17	2w	McPherson

CUSTOMER Ken Anderson
MAILING ADDRESS 308 N. Main

CITY	STATE	ZIP CODE
Galva	KS	67443

Galva KS 67443

TRUCK # 446 DRIVER Josh
TRUCK # 713 DRIVER Mark

JOB TYPE Production
CASING DEPTH 3055'
SLURRY WEIGHT 14.7
DISPLACEMENT 72.6
HOLE DEPTH 3049'
HOLE SIZE 9 7/8
DRILL PIPE
SLURRY VOL 1.48
DISPLACEMENT PSI

Gala KS
3E-24th 3 1/2w w/n

CASING SIZE & WEIGHT 5½ 15.5
CEMENT LEFT IN CASING 4'
TUBING
WATER gal/sk
MIX PSI
RATE

REMARKS: Safety meeting on Midland Float equip & Baskets middle o +2
Top o sits. Turbolizers 3-7-11. Cut 5-9-13. Rise up and circulate
30 min. Pumps 80 buckets 500 gal mud flush 58 buckets. Mix 200 sks
Class A 390 gal Precu S4 polsed. Washup and lines drop plug and
displace 72.6 BBL. 750 cu ft. 17.50 land Float h/e)

Thanks Fuzzy &
Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	65	MILEAGE	4.20	273.00
5407A	94 too	Ton Mileage Delivery	1.41	861.51
				.00
1104 5	200 sks	Class "A" Cement	15.70	3140.00
1102	376#	Calcium Chloride	.78	293.20
110A	1000#	Polsed	.46	460.00
1185	56 sk#	Bentonite	.32	124.08
4103	1	5½ Guide Shoe	168.00	168.00
4154	1	5½ Latchdown Assy	266.23	266.23
4104	2	5½ Baskets	290.00	580.00
4130	3	5½ Centralizers	61.00	183.00
4136	3	5½ Band Turbolizers	75.75	227.25
4310	4	4' 5½ Shoe St	8.00	32.00
1144a	500 gal	Mud Flush	.101	550.00
4310	1	5½ collar	54.00	54.00

Subtotal 6847.81
300 gal SC cement neutrals 1305.28
Subtotal 7092.60

| | | | SALES TAX | 348.43 |
| | | | ESTIMATED TOTAL | 7441.09 |

7441.09

Revin 3737

AUTHORIZTION _____ 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