

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1247192

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□ NE □ NW □ SE □ SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
	Lease Name: Well #:
Designate Type of Completion:	Field Name:
New Well Re-Entry Workover	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW ☐ Temp. Abd.	
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Could Date out Date Decembed TD Counted from D. 1	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

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 Approved by: Date:

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom 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) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Rick's Well Service

P.O. Box 268 129 Railroad Cherryvale, KS 67335

Serviced

rickswellservice@sbcglobal.net

Invoice

Date	Invoice #			
12/23/2014	3779			

Bill To	
AX&P Inc. P.O. Box 1176 Independence, KS	67301-1176

	P	P.O. No.					
	Unit	Unit 1 Fee #18					
	Rate	Amount					
2	100.00	200.00T					
2	100.00	200.00T					
1	650.00	650.00T					
8	13.00	1,404.00T					

		Sa	ales Tax	(6.15%)	\$169.40
fes *		Subtotal		\$2,608.30	
	``				
	370 cash discount for earry payment			-146.20	-146.20
	Water truck 5% cash discount for early payment		3	90.00	270.00T
	2 1/2" cement wiper plug		1	18.50	18.50T
	1 sacks of bentonite		1	12.00	12.00T
	108 sacks cement		108	13.00	1,404.00T
	Pump charge		1	650.00	650.00T
	120 H.P. Dozer		2	100.00	200.00T
120/20/201	move all equipment off location w/dozer.	ıg,			
12/23/2014	Move water truck onto location, cement 852' of 2 1/2" casing	nor			

Qty

MAKE CHECKS PAYABLE TO: RICKS WELL SERVICE THANK YOU!

Description

12/22/2014 Move dozer to location, move drilling equipment off location,

move cement equipment onto location. 120 H.P. Dozer

Balance Due \$2,777.70

\$169.40