

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1247284

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:			Sec	Twp S. R	East _ West
Address 2:			Fe	eet from	South Line of Section
City:	State: Z	ip:+	Fe	eet from East / V	West Line of Section
Contact Person:			Footages Calculated from N	Nearest Outside Section Co	orner:
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:		
Designate Type of Completion:			Lease Name:	We	ell #:
	e-Entry	Workover	Field Name:		
	_		Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing: _	
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total De	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing (Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, ce	ement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	ENHR Conv. to SWD	Drilling Fluid Managemen	nt Dian	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
☐ ENHR					
GSW	Permit #:		Operator Name:		
_ _			Lease Name:	License #:	
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East _ West
Recompletion Date		Recompletion Date	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:

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes	No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Int				cture, Shot, Cement		d Depth
	, ,				,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)		



TICKET NUMBER	48242
LOCATION Others	ats
FOREMAN Proce !	Counciles

DATE_

	800-467-867	6		CEME	NT			
	CUSTOMER#	 _	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
18/14	8579	Gaddis	#4A-V	RI	NW4	23	21	AN
TOMER 1	cer Reso	2005			SKHOLENS A	BHOST CONTRACTOR		PRINCES
ING ADDRES	S S	,5,50		-	TRUCK#	DRIVER	TRUCK#	DRIVER
PO BO	440-	39			1/1/6	Coster	V satory	lecting
,	1 1 7.	STATE	ZIP CODE	-	640	Keicar	V	
	() =	OK	73113		348	hustina		
klahomo	7 - 7	HOLE SIZE		⅃	370	MILTOX	73-10	11 000
TYPE OK			' IK		н <i>832 ^г</i>	CASING SIZE & V		ELE_
ING DEPTH_	2 0/0/	DRILL PIPE		_TUBING			OTHER	
RRY WEIGHT	121-111	SLURRY VOL_			sk	CEMENT LEFT In		
	1. Fletds	4	4 4	MIX PSI		RATE 4.5 G		
ARKS:			, n	•	4 1 -	LOOP + BUMP	od 200 96	Treuny
المعالمين	ed by 10				od town		to owc	conent
		st , ceu				punp cla	CA , DUNG	क्षेर्य ये न
	,	ng TD w	,	bols tre	sh water	president	5 200	1-35.V
enced of	esure, s	het in a	asing.			·		
							-	
							16	
,							4	
slover s	spoliod	durs						
CCOUNT	QUANITY	or UNITS	DI	ESCRIPTION (of SERVICES or PI	RODUCT	UNIT PRICE	TOTAL
401			PUMP CHARG	 GE				1085.00
406	45	ne i	MILEAGE					188.00
402	833	1	mstma	terstoa	2			
407	Minin			i loone				368.00
502C	2,5		_ /	ac mage				250.00
,020	~, 5	<u> </u>	1000	<u>uc</u>			- "	200.
1126	107	aks	aux	cellion	+		2113.25	
1183	200	#	Press	'um 6.	20		14.001	
I .	535		Kolsea	0			2/1/- 12	
10A	3,33	#	TOUSEO	Χ		1 /	246.10	
					Max	erials	2403.35	
 +						30%	721.01	1602 3
						subtotal	ļ ——-	1682.3
		<u> </u>						
							ļ	
							4479,21	
							177116	-
			 			7.657	SALES TAX	128,70
3737						7,057	ESTIMATED	3703.0
							TOTAL	エくチハラハ

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.

TITLE