



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254768
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: _____



1254768

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report
Ticket No. **2026**
Foreman Stausman
Camp Eureka, KS.

15-035-24529

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
12-4-14	1108	Andes #4 Dtm	1	335	5E	Cowley	KS	
Customer <u>Double D Oil Co. Inc</u>			Safety Meeting 5m Am JK		Unit # 104	Driver <u>Alanna</u>	Unit #	Driver
Mailing Address <u>2009 Jean Ct.</u>					110	<u>Joey K</u>		
City <u>Winfield</u>		State <u>Ks.</u>	Zip Code <u>67156</u>					

Job Type Surface Hole Depth 224' Slurry Vol. _____ Tubing _____
 Casing Depth 211' GL Hole Size 12 1/4 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 8 5/8 23" Cement Left In Casing 15' Water Gal/SK _____ Other _____
 Displacement 13 bbl Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mix 190 5Ks class A cement w/ 3% CaCl2, 2% Gel + 1/4 # Flo-Seal per sk. Displace w/ 13 bbls fresh water. Shut well in. Good cement returns to surface 5 bbl to pit. Job complete Rig down

Thank you

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	70	Mileage	3.95	276.50
C200	130 sks	Class A Cement	15.00	1950.00
C205	350 #	CaCl2 3%	.60	210.00
C206	250 #	Gel 2%	.20	50.00
C209	30 #	Flo-Seal 1/4 # per sk	2.25	67.50
C108B	611 ton	Ton Mileage Bulk Trucks	1.35	577.90
			Sub Total	3971.40
			Sales Tax 6.40%	145.76

Authorization Called by Dennis Title Toolpusher Total 4117.16

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2027
 Foreman Steve Madd
 Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-12-14	1198	Acres #4 D+M	1	373	5E	Cowley	Ks
Customer			Unit #	Driver	Unit #	Driver	
Double D Oil Co. Inc			104	Alvin M.			
Mailing Address			114	Jay K.			
2009 Jean St							
City	State	Zip Code					
Winfield	Ks	67156					

Job Type CS Hole Depth 3350' Slurry Vol. _____ Tubing _____
 Casing Depth 3332' Hole Size 7 7/8" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 1350# Cement Left in Casing 6' Water Gall/SK _____ Other _____
 Displacement 80 1/2 bbls Displacement PSI 700# Bump Plug to 1250' BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 casing. Break circulation w/ fresh water. Pump 15 bbls water ahead. Mix 15 sacks thick set cement w/ 5# Kal-Seal per sack. Washout pump & lines. Shut down. Release latchdown plug. Displace w/ 80 1/2 bbls fresh water. Final pumping pressure 700# Bump plug 1250'. Release pressure. Plugged. Had good circulation during job. Job complete Rig down.

Thank You

Centralizer 1-3-5-7

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	70	Mileage	295	276.50
C801	150sks	Thick set cement	19.50	2925.00
C207	7500	5# Kal-Seal per sack	143	337.50
C108B	835 ton	Tonnage Bulk Tracts	1.35	779.63
C504	4	5 1/2 Centralizer	48.00	192.00
C703	1	5 1/2 AEU Flapper Valve Insert	145.00	145.00
C691	1	5 1/2 Guide Star	167.00	167.00
C421	1	5 1/2 Latch down plug	230.00	230.00
			Subtotal	6102.63
			6.40% Sales Tax	255.78

Authorization Called by Dennis Title Toolpusher Total 6358.41

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.