

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1267266

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.	TwpS. R	East _ West
Address 2:			F6	eet from North /	South Line of Section
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:
Phone: ()			□ NE □ NW	V □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:	W	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 D	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:		
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
Plug Back	Conv. to G		(Data must be collected from to		
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
ENHR	Permit #:				
GSW	GSW Permit #:				
			Lease Name:		
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 III Approved by: Date:						

Page Two



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run			es No						
List All E. Logs Run:									
				RECORD	Ne				
	0: 11.1					ermediate, product		" 0 1	T 15
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing	Top Dottern								
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
Does the volume of the t			-		-		_ ` `	skip question 3)	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth
						(* *			200
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.	_		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)		



Suiface

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

FIELD TICKET & TREATMENT REPORT

		8501V163 10	MONTHEAST C	CLIMICI	andihons			10 10 15
DATE	CUSTOMER#	WELL N	NAME & NUMB	BER	SECTION	TOWNSHIP	RANGE	COUNTY
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JOB TYPE SU	102000	HOLE SIZE	1/2	HOLE DEPT	H 3 00 1 beb	CASING SIZE & W	EIGHT (33)	#840-
CASING DEPTH	308'	DRILL PIPE		TUBING	paid to others.		OTHER	price. All pr
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ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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	// N/ D	auch tools has will not be bester for ansee by the year of sucques	ESTIMATED TOTAL	one garonur.
AUTHORIZTION	fur flests	TITLE / le br le	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.



LOCATION EL De FOREMAN TUZZ

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

	2. 200 101 0010	S ireautyeat of services	CEIVIEN	anonihne			KK
DATE	CUSTOMER#	WELL NAME & NUMB	ER	SECTION	TOWNSHIP	RANGE	COUNTY
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CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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(60710	1977 11 11 11 13 40W	Townilanse Delivery	135	108762
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CC 5800A	21105KS	Class A de	2000	48000
CC5965	700#	Gentlement damage resulting from the first of	30	21000
cc5325	450±	CALCIUM CHIONAL ME MONTH OF THE STATE OF THE	181 0080	45000
CC 6077	1200 #	Kolsen uses more value	,50	6000
006079	250 €	Pheno-sea parti servery to disab to in empire	(135)	33750
cc 31185		512- AFU float shoe	585 02	mon
CC8254		5'12- LATERDOWN ASSY	40000	585
CP8576	8	5/2- 5. Bund Turbolizers	11000	83000
CP8651	3	512. BASRIES	36000	100000
CC6125	SOOGAL	mud Stus World (Durico)	8.65	132500
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UTHORIZTION	Land la Va	caused by the use of such tools .	TOTAL	pamel ver

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.