



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1269669
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: _____



1269669

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., INC.

Federal Tax I.D.# 48-0727860

26283

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

St Bend

DATE <u>11-10-06</u>	SEC. <u>17</u>	TWP. <u>24</u>	RANGE <u>4</u>	CALLED OUT <u>6:00 AM</u>	ON LOCATION <u>1:00 PM</u>	JOB START <u>2:00 PM</u>	JOB FINISH <u>3:00 PM</u>
LEASE <u>Dodge A</u>		WELL # <u>2</u>	LOCATION <u>56th Street & 61 Hwy 1N 3E 1/2 S</u>		COUNTY <u>Newo</u>	STATE <u>K</u>	
OLD OR <u>NEW</u> (Circle one)			<u>w/into</u>				

CONTRACTOR Arche #8
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 3864'
 CASING SIZE 5 1/2" DEPTH 3363'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1200 # MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 10'
 CEMENT LEFT IN CSG. 10'
 PERFS. _____
 DISPLACEMENT 92 bbls

OWNER Senne
 CEMENT
 AMOUNT ORDERED 2000 lbs ASC 5# Kolbeal/sh
500 gal ASF

EQUIPMENT
 PUMP TRUCK CEMENTER Tom D
 # 181 HELPER Rick H
 BULK TRUCK
 # 344 DRIVER Mark S
 BULK TRUCK
 # _____ DRIVER _____

COMMON	_____	@	_____	_____
POZMIX	_____	@	_____	_____
GEL	<u>4 gal</u>	@	<u>16.65</u>	<u>66.60</u>
CHLORIDE	_____	@	_____	_____
ASC	<u>200 gal</u>	@	<u>13.10</u>	<u>2620.00</u>
<u>SALT</u>	<u>12 gal</u>	@	<u>19.20</u>	<u>230.40</u>
<u>KOL SEAL 1000 #</u>	_____	@	<u>.70</u>	<u>700.00</u>
<u>ASF FLUSH 500 GAL</u>	_____	@	<u>1.00</u>	<u>500.00</u>
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
_____	_____	@	_____	_____
HANDLING	<u>248 gal</u>	@	<u>1.90</u>	<u>471.20</u>
MILEAGE	<u>248 gal</u>	<u>09 65</u>	_____	<u>1450.00</u>

REMARKS:

Ren 3863' of 5 1/2" cp. Break circulation
circulated 1 1/2 hr. Pumped 500 gal ASF
Mixed 175 lbs ASF 5# Kolbeal/sh
Worked up. Released plug. Displaced
with fresh H₂O, banded plug @ 1200 #
Released & held & float did not hold
Plugged hole w/ 15 lb Mannohole w/ 10 hrs

TOTAL ~~6039.00~~
6039.00

SERVICE

DEPTH OF JOB	<u>3863'</u>	_____	_____
PUMP TRUCK CHARGE	_____	_____	<u>1610.00</u>
EXTRA FOOTAGE	_____	@	_____
MILEAGE	<u>65</u>	@	<u>6.00</u> <u>390.00</u>
MANIFOLD	<u>HEAD RENT</u>	@	<u>100.00</u> <u>100.00</u>
_____	_____	@	_____
_____	_____	@	_____

CHARGE TO: OCFIW Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 2100.00

PLUG & FLOAT EQUIPMENT

Referenced to 1205 #, banded plug.
 Also referenced see #, & shut in.
 To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment

1-5 1/2" Mandrelhoe	@	160.00	<u>150.00</u>
1-5 1/2" AFU Insert	@	<u>250.00</u>	<u>250.00</u>
4-5 1/2" centralizer	@	<u>50.00</u>	<u>200.00</u>
1-5 1/2" Rubber Plug	@	<u>65.00</u>	<u>65.00</u>

TOOLPUSHER WELL DATA SHEET

RIG # 8

API # 15-155-21512

OPERATOR: OCFIW OIL CO
WELL NAME: DODGE "A" #2
SPOT LOC.: SEC 25 Twp 22S 5W
COUNTY: RENO Co

SPUD: 10-23-06 7:45 A.M.
(Date & Time)

* ELEVATIONS: 1508 GL 1516 KB
GEOLOGIST: WES HANSEN

CASINGS: CONDUCTOR - Set jts. (5)
13 3/8" x 48 # @ 150 w/ 160 sx
70/30 FOR 37.00 29.0 GEL
CEMENT DIA CIRC.
100# SUGAR TICKET # 23743

PLUG DOWN: 7:30 P.M. DATE: 10-24-06
CEMENT COMPANY: ALLIED CEMENTERS
SET BY: DARLING DRILL CO

WATER INFORMATION

Owe: \$ _____ To _____
Address: _____

LOST PARTIAL RETURNS @ 160'
SURFACE - Set 8 jts. (334)
8 3/8" x 24 # @ 350 w/ _____ sx

Soc. Sec. # _____

News w/ 225 SX Common 3% CC 290'
GEL 1/2" FLOSIAL TR SX. CEMENT DIA CIRC.
1" 100 SX TO SURFACE. CEMENT DIA CIRC.

POND _____ WELL YES HAUL _____
Location: SAME WATER WELL AS
LAST LOCATION.
(legal from SE corner if you have it)

PLUG DOWN: 12:00 P.M. DATE: 11-7-06
PIPE HAULED BY: DUKE TRUCKS
CEMENT COMPANY: ALLIED CEMENTERS

Pit Liner From _____
Pump/Line From SAME WATER WELL
Hauled by 4 MI NW OF LOC.
Hauled From W/ DUKES PORT GEN
SUBPUMP WATER LINE TO
RIG
Water Well By ROSENGRANTZ

PRODUCTION - Set 92 jts. (3868)
5 1/2" x 15.5 # @ 3863 w/ _____ sx
SET @ 3863 1' OFF Bottom w/ 200
SX ASC 5" KOLSIAL TR SX 500 GAL
ASE TICKET # 26283

PLUG DOWN: 3:00 P.M. DATE: 11-10-06
CEMENT COMPANY: ALLIED CEMENTERS
CASING COMPANY: MURRAY CASS.

SAMPLE BAGS USED: 2 BOXES

DATE REACHED RTD _____
RTD 3864 LTD _____ NO LOG

DUKES HAULOFF PIT.
DIRT WORK: YES Steel Pits YES
Dozer: LANGFOLD DIRT.
Cellar/Runaround: SAME
Dozer to Help Move IN YES OUT YES
Whose: SAME

STATE AGENT: _____
DATE CALLED: _____
1st Plug _____ SX @ _____
2nd Plug _____ SX @ _____
3rd Plug _____ SX @ _____
4th Plug _____ SX @ _____
5th Plug _____ SX @ _____

Rathole w/ 15 sx Mousehole w/ 10 sx

ANHYDRITE: _____
WELDER: SCOTT'S WELDING
MUD COMPANY: MUD CO
MUD LOGGER: MIBC
TESTER: _____
LOGGER: _____
FRAC TANK: DUKES

CEMENT TYPE: _____
PLUG DOWN: _____ DATE: _____
CEMENT COMPANY: _____

FLUIDS HAULED OFF BY: NICHOLAS
COMPLETE HAULOFF

43" USED: 3050 gal. @ \$ _____
60"