



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1272760
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: _____



1272760

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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7:30P

10:30P



CONSOLIDATED
Oil Well Services, LLC

4095

8557N

TICKET NUMBER 49494

4012

INVOICE #

LOCATION Oakley, KS

FOREMAN Jerry Y.

FIELD TICKET & TREATMENT REPORT

CEMENT

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-30-15	2626	Zwexgardt 3-24	24	38	42W	Cheyenne
CUSTOMER <u>Excell Services LLC</u>			ST. PETERS W+O5			
MAILING ADDRESS			N to curvy W into			
CITY			STATE			
ZIP CODE			TRUCK #			
			DRIVER			
			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 9 7/8 HOLE DEPTH 356 CASING SIZE & WEIGHT 7" 17#
 CASING DEPTH 351 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.24 WATER gal/sk 6.5 CEMENT LEFT in CASING 40'
 DISPLACEMENT 1366l DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on rig up on Excell rig 2 break circulation with rig mix 150 sks com class Acement with 3% CC 2% gel wash up & displace with 1366l fresh water & shut in circulated 6 bbl to pit

Cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>CE0450</u>	<u>1</u>	<u>PUMP CHARGE</u>		
<u>CE0002</u>	<u>60</u>	<u>MILEAGE</u>		
<u>CE0710</u>	<u>7.05</u>	<u>ton mileage delivery</u>		
<u>CC5871</u>	<u>150 sks</u>	<u>surface blend</u>		
<u>CC5325</u>	<u>423 #</u>	<u>Calicum Chloride</u>		
<u>CC5965</u>	<u>282 #</u>	<u>gel</u>		
<u>CP8555</u>	<u>1</u>	<u>7" centralizer</u>		

Flavin 3737

AUTHORIZATION [Signature] TITLE Push

I acknowledge that the payment terms, unless specifically amended in writing on the front account records, at our office, and conditions of service on the back of this form are in effect.



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

4098
2014

TICKET NUMBER 49531
LOCATION Oakley ks.
FOREMAN Cory Davis

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 805572

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8/31/15	2626	Zweygardt 3-24	24	3S	42W	Cheyenne
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Excel			753	Jeremy R.		
MAILING ADDRESS			566	Lance R.		
CITY			help	Jerry P.		
STATE			522			
ZIP CODE						

JOB TYPE long string HOLE SIZE 6 1/4 HOLE DEPTH 1611.23 CASING SIZE & WEIGHT 4 1/2 11.6
 CASING DEPTH 1565 DRILL PIPE _____ TUBING _____ OTHER 44'
 SLURRY WEIGHT 14.2 SLURRY VOL 1:18 WATER gal/sk _____ CEMENT LEFT in CASING 44'
 DISPLACEMENT 24 1/4 BR DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Softly meeting - Rig up on Excel 2 - pump Bull thru Circulate 15 min
mix 100 sks 50/50 poz mix shut down release plug and wash up pump + line - Displace
with 24 1/4 bbl water + KCL plug landed at 1000 PSI. plug held

Thank You
Cory D. + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE		
CE0002	60	MILEAGE		
CE0711	4.7	cement Delivery charge		
CC5840	100 sks.	50/50 poz mix		
CC5301	2 gal	KCL		
CP8484	1	4 1/2 APU Flatchoe		
CP8253	1	4 1/2 latchdown plug Assy		
CP8553	8	4 1/2 slip hole centralizers		

Ravin 3737

AUTHORIZATION [Signature] TITLE _____

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