



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1278227  
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: \_\_\_\_\_

1278227

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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STATEMENT

STATEMENT

11793

**ELMORE'S INC.**  
Box 87 - 776 HWY 99  
Sedan, KS 67361  
Cell: (620) 249-2519  
Eve: (620) 725-5538

Date 7-20-15

Customer Tom Cole  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_

Qty.	Description	Price	Amount
3	Cement Tank	110	330.00
1	Bank Truck	85.00	85.00
3	Water Truck	85.00	255.00
195	SKS Cement	21.00	4095.00
140	1" Tubing	1.10	154.00
50	1/2" Tubing	3.45	172.50
	Cemented Long Spring Tank		255.00
	1440' .75" Surface with		3210.00
	195 SKS Cement		

R.O.G. = 1 INTERCOM

PAID \$105

Thank You - We appreciate your business.

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



GAMMA RAY  
NEUTRON  
CEMENT BOND  
COMPLETION LOG

Company FUEL SOURCE, INC.  
Well RIGGS #1 INJECTION  
Field PERU-SEDAN  
County CHAUTAUQUA  
State KANSAS

Company FUEL SOURCE, INC.  
Well RIGGS #1 INJECTION  
Field PERU-SEDAN  
County CHAUTAUQUA State KANSAS

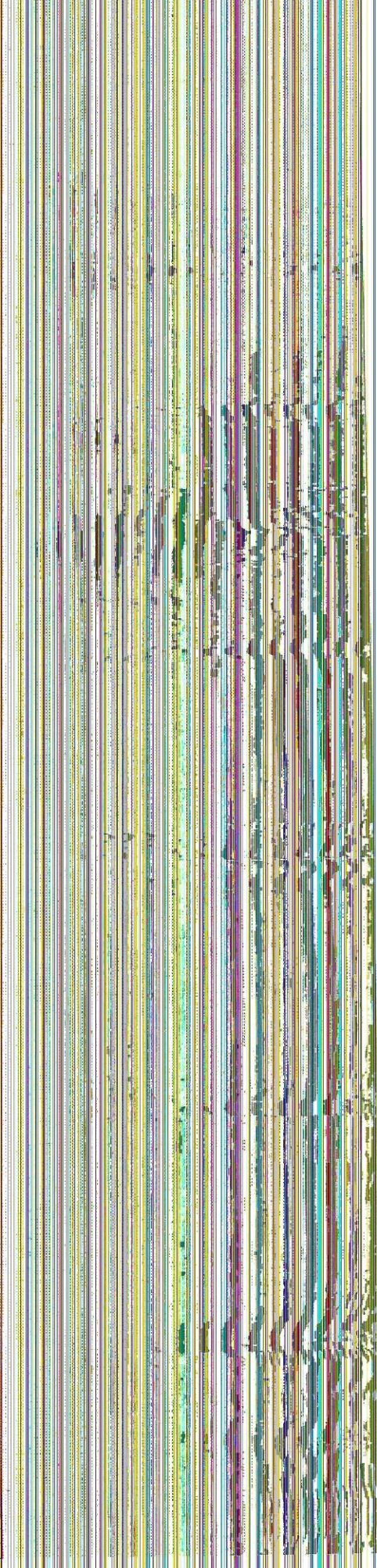
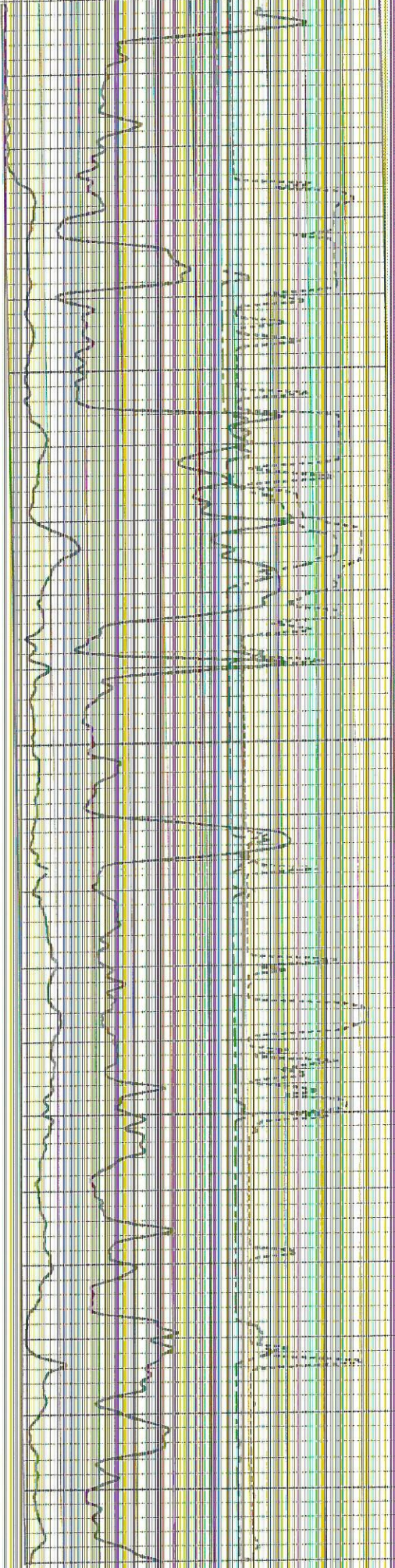
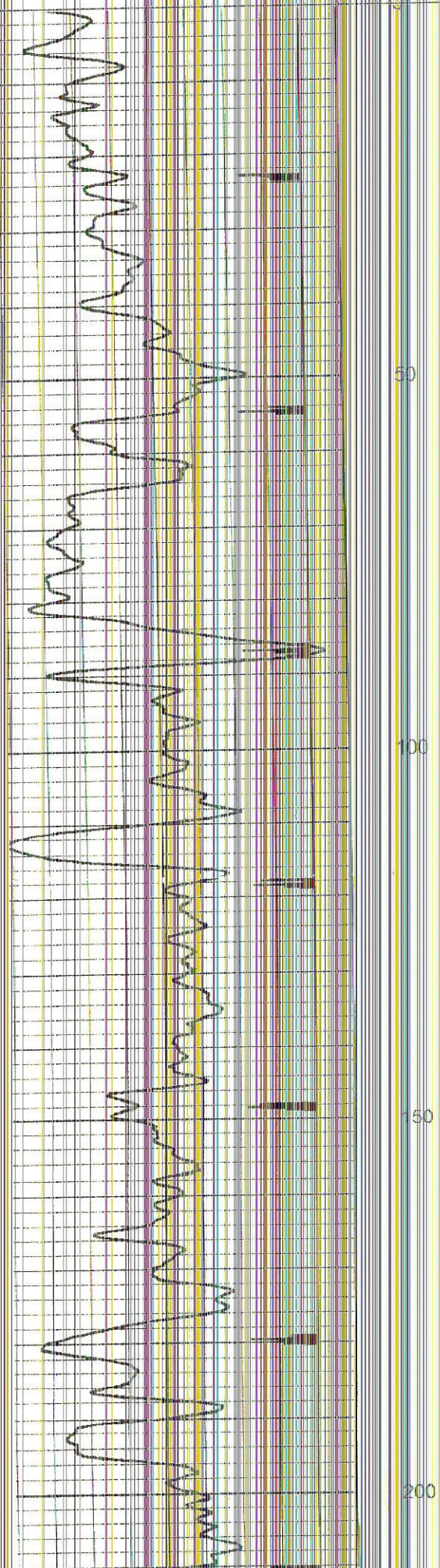
Location: API # 15-019-27522-00-00 Other Services

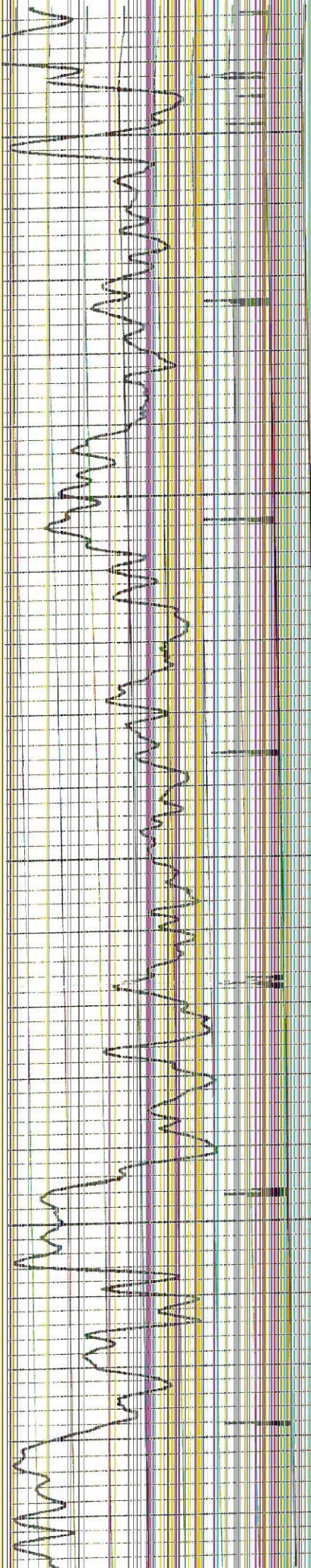
5110' FSL & 2170' FEL  
NE NW NW NE

SEC 8 TWP 34S RGE 11E

Permanent Datum	GL	Elevation	986' EST.
Log Measured From	GL		
Drilling Measured From	GL		

Date	8-12-15
Ran Number	1 NW
Depth Driller	
Depth Logger	1426.8'
Top Log Interval	0
Bottom Logged Interval	1426.8'
Fluid Level	FULL
Type Fluid	WATER
Production Casing	27/8" @ TD @ @
Max. Recorded Temp.	
Estimated Cement Top	
Calculated Cement Top	
Amount & Type Cement	
Amount & Type Admix	
Drilling Contractor	
Equipment Number	109
Location	
Recorded By	SANBORN, G.
Witnessed By	CAST, T.



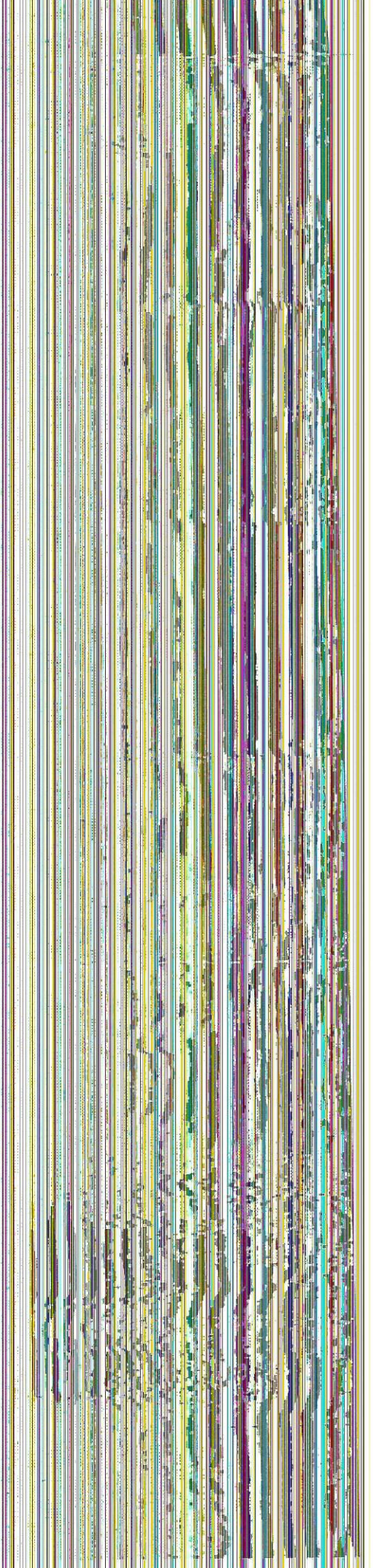
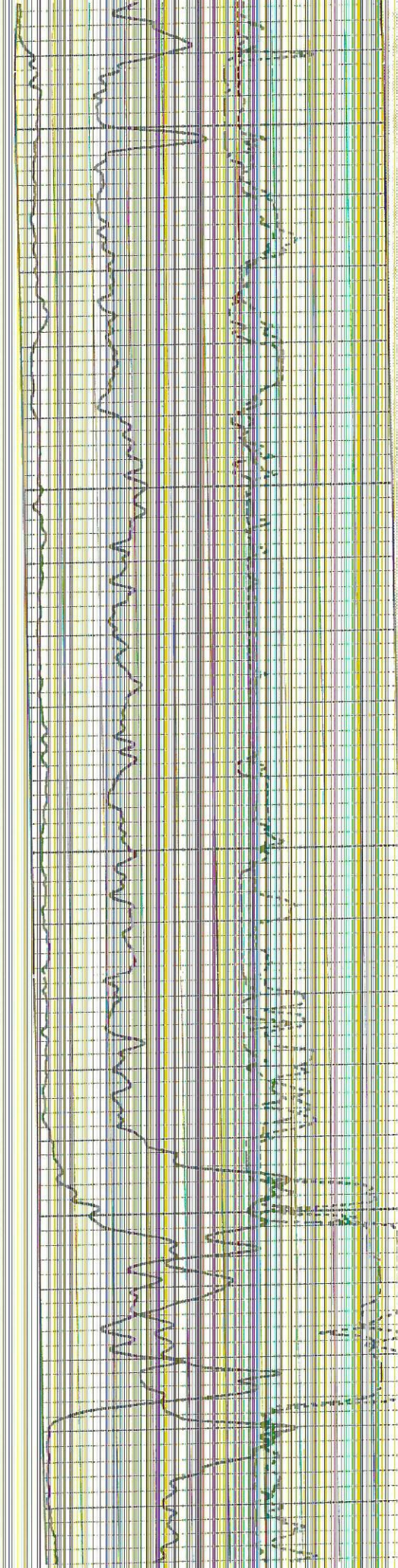


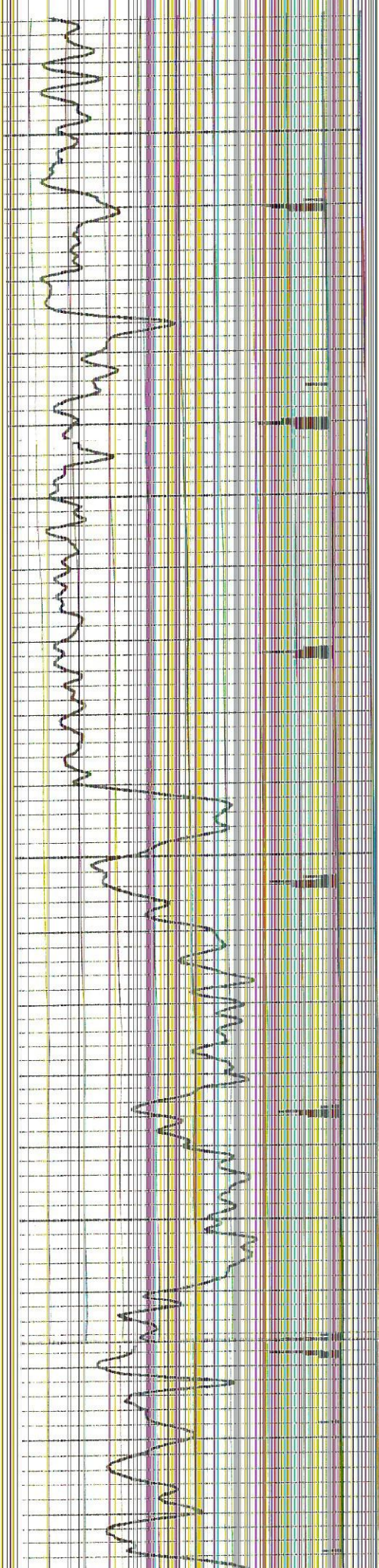
250

300

350

400



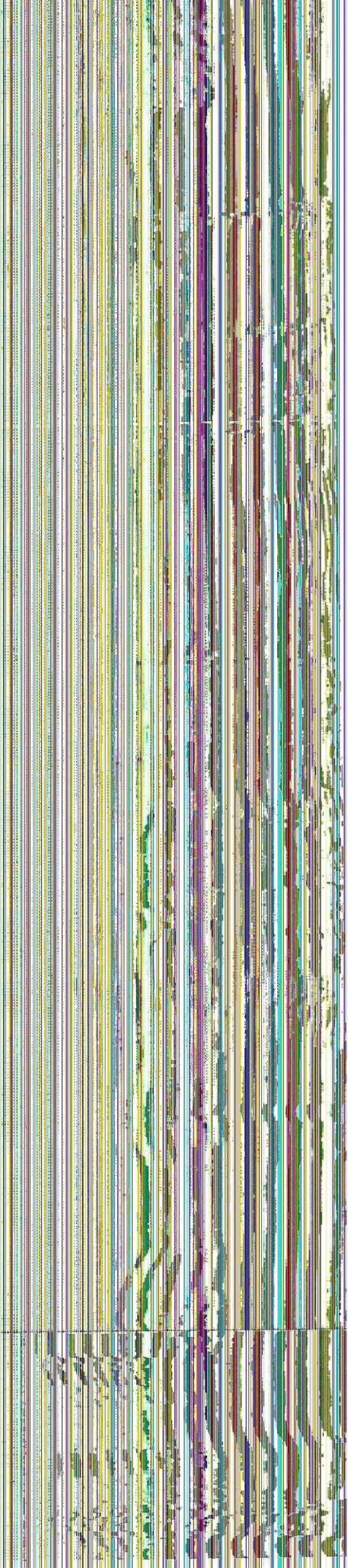
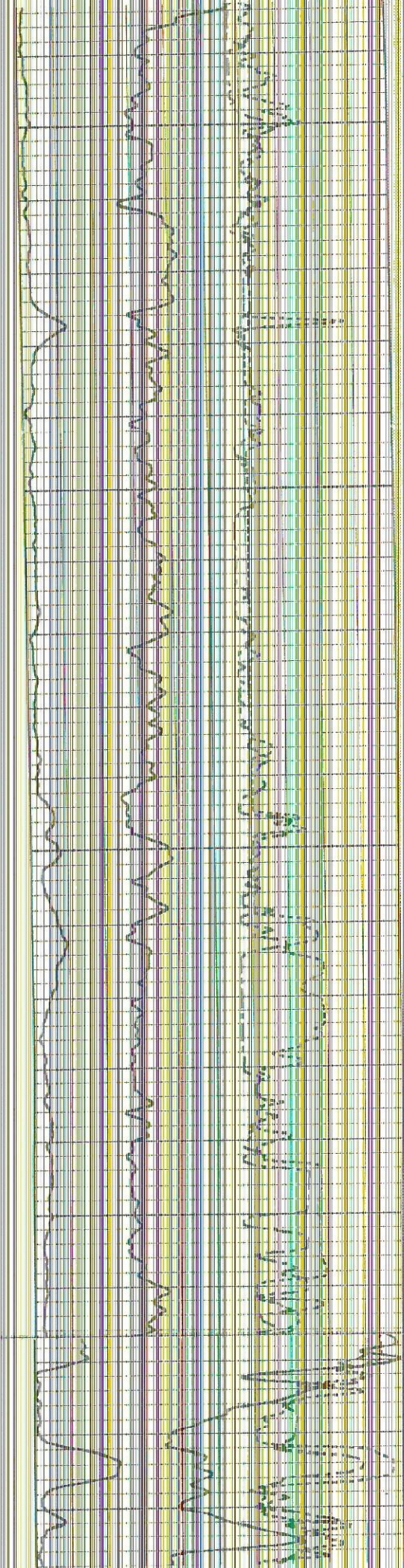


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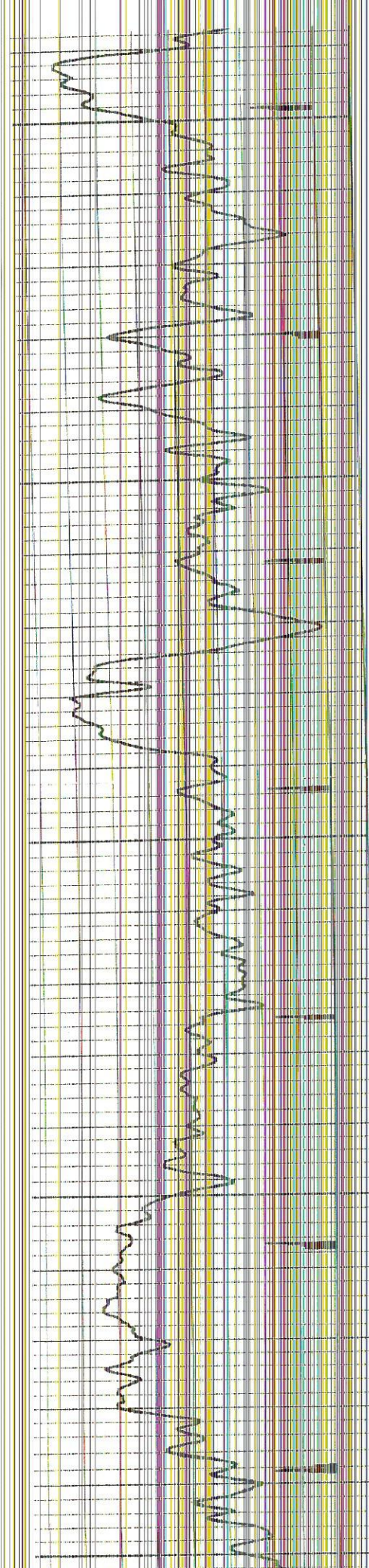
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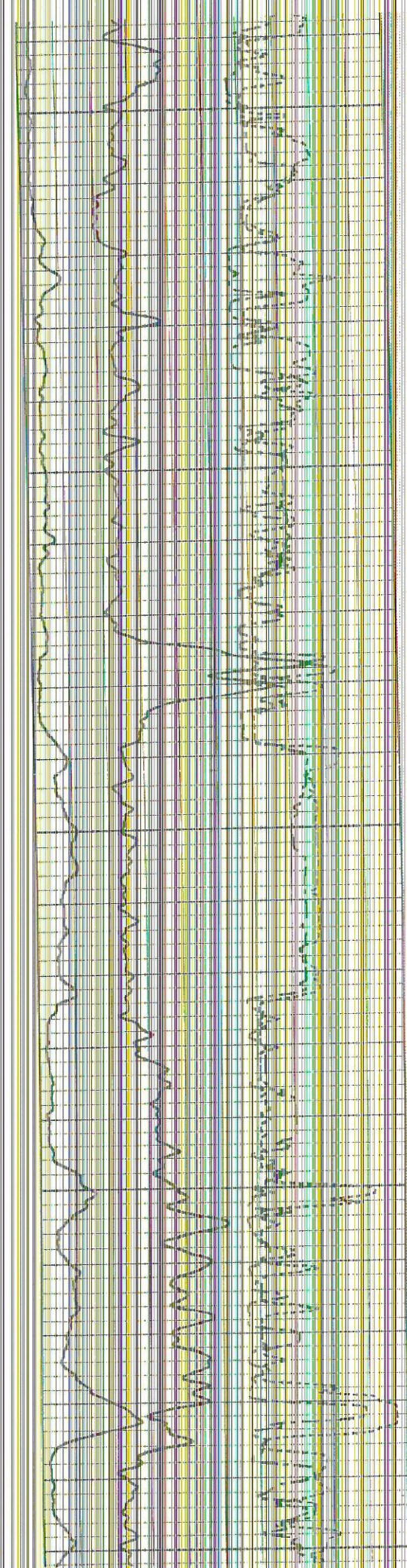
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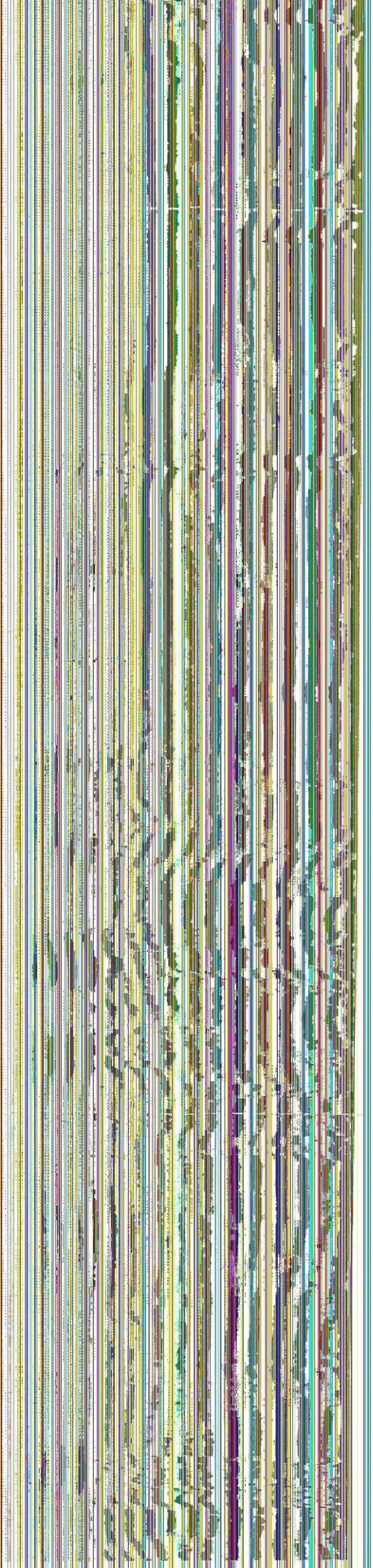
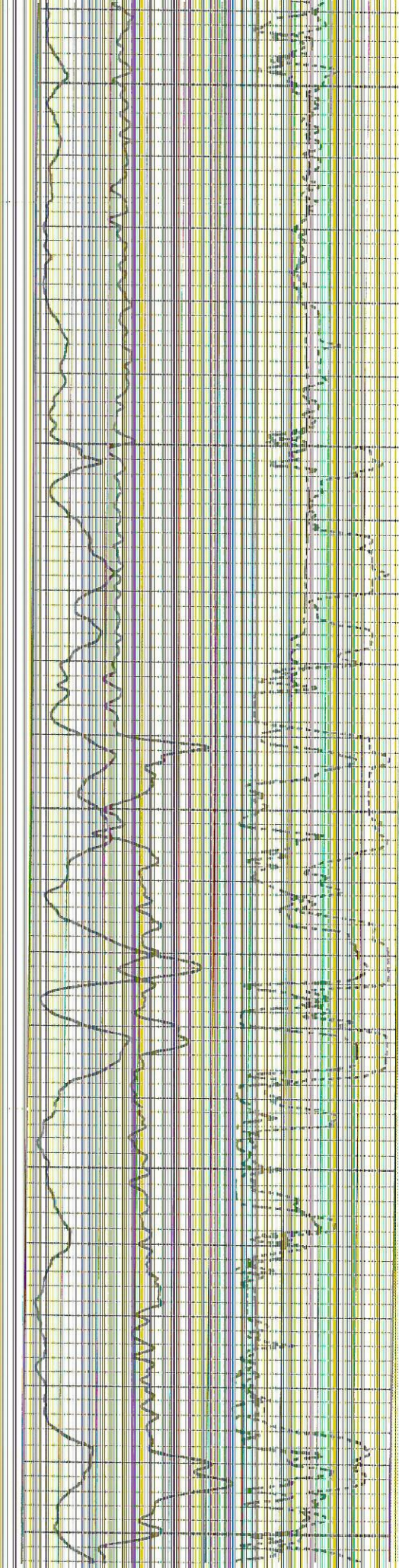
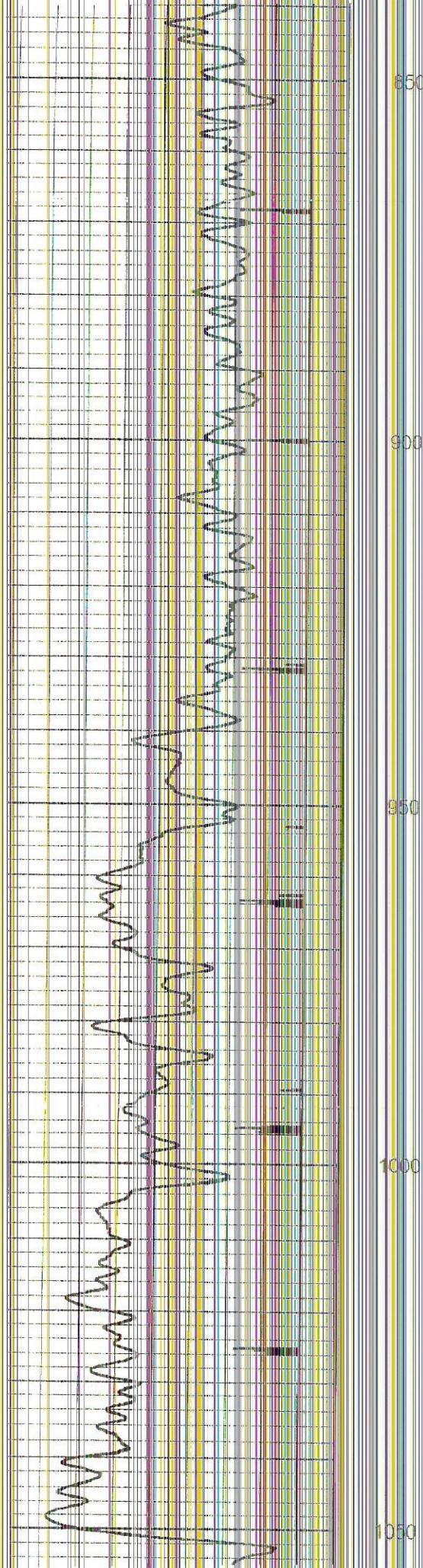


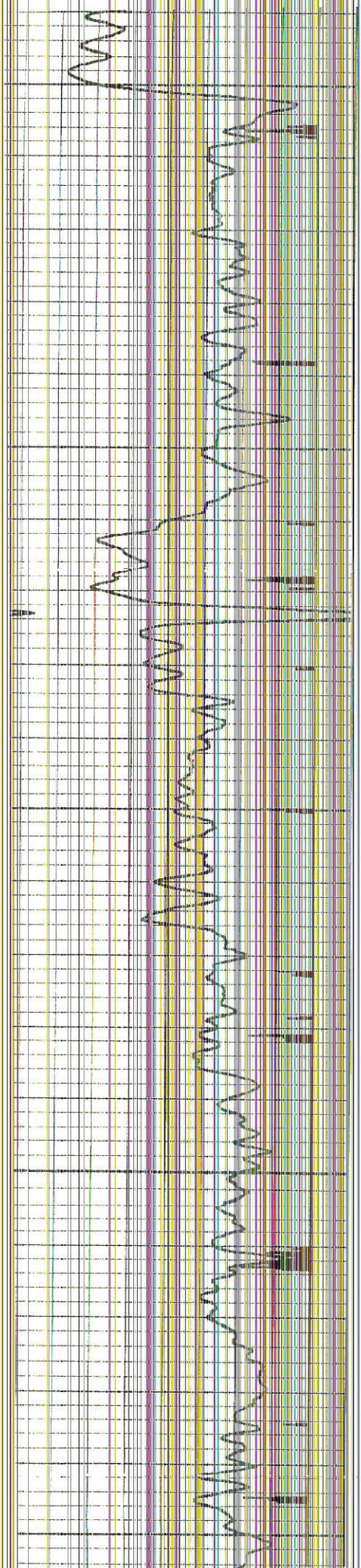




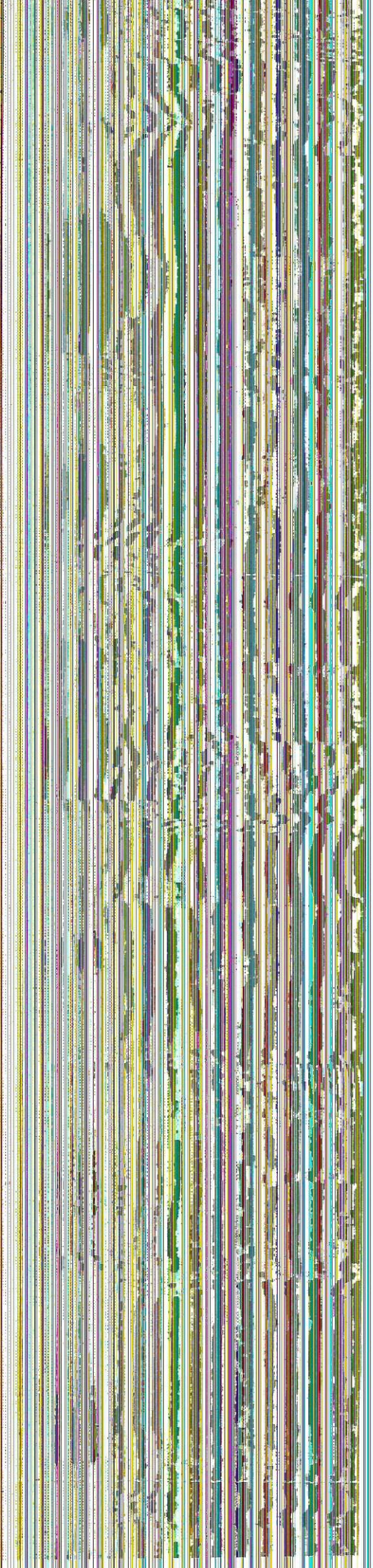
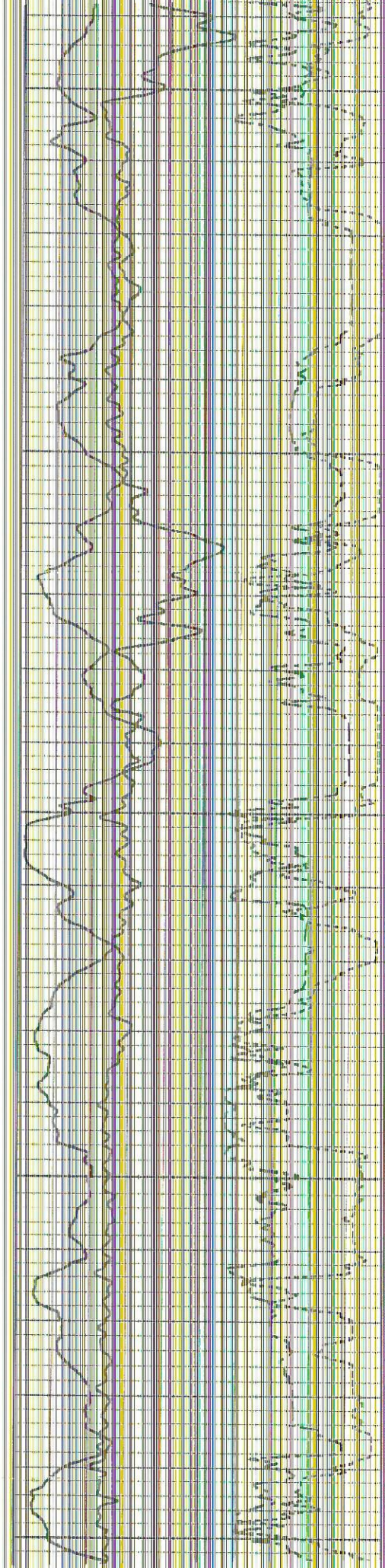
650  
700  
750  
800  
850







1050  
1100  
1150  
1200  
1250





Gamma Ray	150	AMP3FT (mV)	100 200	VDL	1200
gr	300	TT3FT (usec)	200		
CCL	-1	TT3FT (usec)	200		
		NEU (cps)	1500		

Ackerman Hardware & Lumber Company  
160 East Main Street  
Sedan, KS 67361  
(620) 725-3103

Transaction#: B33587  
Associate: GC  
Date: 07/13/2015 Time: 07:55:25 AM

Due Date: 08/10/2015

\*\*\* SALE \*\*\*

Bill To:  
Customer # 253400  
TOM OAST  
525 N. SCHOOL  
SEDAN, KS 67361

PORTLAND CEMENT 92.6#  
RM44816  
12.00 EACH @ \$12.95 T \$155.40

*Surface  
Cement*

Subtotal: \$155.40  
10% - State Tax: \$15.54  
TOTAL: \$170.94

INVOICE: \$170.94  
CHANGE: \$0.00

A Minimum Finance Charge of  
\$0.50 or 1.5% per month  
applies to all past due balances

*R. G. G. C.*  
(X) \_\_\_\_\_  
TOM

Thank You!



Production  
Long String

STATEMENT

STATEMENT

11795

**ELMORE'S INC.**  
Box 87 - 776 HWY99  
Sedan, KS 67361  
Cell: (620) 249-2519  
Eve: (620) 725-5538

Date

7-20-15

Customer Tom Oast  
Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
City \_\_\_\_\_

Qty.	Description	Price	Amount
3h	Cement Pump	110	330.00
1	Bault Truck	85.00	85.00
3h	Water Truck	85.00	255.00
195	SKS Cement	11.00	2145.00
1400'	1" Tubin	.10	140.00
500'	1/2 Tubin	.10	50.00
			3005.00
	Cemented Long String	Tax	255.43
	1440' To Surface with		\$ 3260.43
	195 SKS Cement		
	riggs #1 INTERION		
	PAID #1105		

Thank You - We appreciate your business!

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.