Confidentiality Requested:
☐ Yes ☑ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1304798

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 # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067 + __ __ __ __
Contact Person: BOB REUSCH
Phone: (785) 242-2043
CONTRACTOR: License # 5786
Name: McGown Drilling, Inc.
Wellsite Geologist: NONE
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 #:

12/9/2001	12/11/2001	12/11/2001
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-091-22964-00-00
Spot Description:
NE - NW - NE - SE Sec. 19 Twp. 14 S. R. 22 ☑ East ☐ West
2375 Feet from ☐ North / ☑ South Line of Section
771 Feet from ☑ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☑ SE ☐ SW

GPS Location: Lat: *(e.g. xx.xxxxx)* , Long: *(e.g. -xxx.xxxxx)*

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Johnson
Lease Name: WAMSLEY Well #: I-4
Field Name:
Producing Formation: BARTLESVILLE
Elevation: Ground: 1042 Kelly Bushing: 1042
Total Vertical Depth: 922 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 911 w/ 168 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 40 bbls
Dewatering method used: Evaporated

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:** Karen Ritter **Date:** 04/26/2016

1304798

Operator Name: Reusch Well Service, Inc. Lease Name: WAMSLEY Well #: I-4

Sec. 19 Twp. 14 S. R. 22 ☑ East ☐ West County: Johnson

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 ☐ Yes ☑ No
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☑ No

Cores Taken ☑ Yes ☐ No

Electric Log Run ☑ Yes ☐ No

List All E. Logs Run:

GAMMA RAY NEUTRON

☑ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
BARTLESVILLE	888	894

CASING RECORD ☑ New ☐ 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
Surface	9.875	7	20	20	PORTLAND	5	NA
Production	5.625	2.875	6	911	50/50 POZ	168	2%GEL

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate ___ Protect Casing ___ Plug Back TD ___ 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 *(Amount and Kind of Material Used)*	Depth
2	888-894		

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: ☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)

METHOD OF COMPLETION: ☐ Open Hole ☑ Perf. ☐ Dually Comp. *(Submit ACO-5)* ☐ Commingled *(Submit ACO-4)* ☐ Other *(Specify)* _____

PRODUCTION INTERVAL:

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Reusch Well Service, Inc.
Well Name	WAMSLEY I-4
Doc ID	1304798

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7	20	20	PORTLAND	5	NA
Production	5.625	2.875	6	911	50/50 POZ	168	2%GEL

CONSOLIDATED INDUSTRIAL SERVICES, INC.
211 W. 14TH STREET, CHANUTE, KS 66720
316-431-9210 OR 800-467-8676

TICKET NUMBER 14408
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
12-11-01	7069	Wamsley I-4		19	14	22	Jo	

CHARGE TO Rensch Well Service	OWNER
MAILING ADDRESS 227 South Main	OPERATOR
CITY Ottawa	CONTRACTOR McGown
STATE KS ZIP CODE 66067	DISTANCE TO LOCATION 30
TIME ARRIVED ON LOCATION 3:30	TIME LEFT LOCATION 4:30

WELL DATA

HOLE SIZE	6 1/4
TOTAL DEPTH	920
CASING SIZE	2 7/8
CASING DEPTH	911
CASING WEIGHT	
CASING CONDITION	
TUBING SIZE	
TUBING DEPTH	
TUBING WEIGHT	
TUBING CONDITION	
PACKER DEPTH	
PERFORATIONS	
SHOTS/FT	
OPEN HOLE	
TREATMENT VIA	

TYPE OF TREATMENT

[ ] SURFACE PIPE	[ ] ACID BREAKDOWN
[✓] PRODUCTION CASING	[ ] ACID STIMULATION
[ ] SQUEEZE CEMENT	[ ] ACID SPOTTING
[ ] PLUG & ABANDON	[ ] FRAC
[ ] PLUG BACK	[ ] FRAC + NITROGEN
[ ] MISC PUMP	[ ] FOAM FRAC
[ ] OTHER	[ ] NITROGEN

PRESSURE LIMITATIONS

	THEORETICAL	INSTRUCTED
SURFACE PIPE		
ANNULUS LONG STRING		
TUBING		

INSTRUCTIONS PRIOR TO JOB
386- Alan Mader 370- Matt Mader
164- Bill Zable 103- Brett McMullen

JOB SUMMARY

DESCRIPTION OF JOB EVENTS Established circulation. Mixed + pumped 2 sx gel followed by 5 bbl clean water to flush hole. Mixed and pumped 168 sx 50/50 poz, 2% gel. Circulated cement to surface. Flushed pump clean. Pumped 2½ rubber plug to TD of casing. Well held 800 PSI for 30 min. MIT. Closed valve.

Alan Mader

PRESSURE SUMMARY

BREAKDOWN or CIRCULATING	psi
FINAL DISPLACEMENT	psi
ANNULUS	psi
MAXIMUM	psi
MINIMUM	psi
AVERAGE	psi
ISIP	psi
5 MIN SIP	psi
15 MIN SIP	psi

TREATMENT RATE

BREAKDOWN BPM
INITIAL BPM
FINAL BPM
MINIMUM BPM
MAXIMUM BPM
AVERAGE BPM
HYD HHP = RATE X PRESSURE X 40.8

AUTHORIZATION TO PROCEED TITLE DATE