

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1327611
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: _____

1327611

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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CONSOLIDATED
Oil Well Services, LLC

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

6439
Field Ht doc
1242

Invoice # **808342**

FIELD TICKET & TREATMENT REPORT

TICKET NUMBER **51333**

LOCATION **180**

FOREMAN **Jacob Storm**

CEMENT Api 15-113-21384-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-9-16	9999	P.A Koehn B-1	16	21	3w	McPherson
CUSTOMER Hermit Schmidt			TRUCK #		DRIVER	
MAILING ADDRESS 308 Westlano Rd			760		Chris	
CITY McPherson			611		Jeremy	
STATE KS			574		Jacob	
ZIP CODE 67460						

JOB TYPE Longstring B HOLE SIZE 7 7/8 HOLE DEPTH 3320 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 3690 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5 SLURRY VOL 33.91 bbl WATER gal/sk _____ CEMENT LEFT in CASING 16 ft Shoe
 DISPLACEMENT 85.15 DISPLACEMENT PSI 500 MIX PSI 200 RATE 5.5 bpm

REMARKS: Suffy meeting. Run float shoe on bottom of 16 ft shoe
Joint hatch down Baffle in collar, centralizers on top of joints
1, 3, 5, 10, 15, 20, land pipe and spot collar in cellar, circulate
with mud for 45 min, pump 10 bbl fresh water, mix 125 lbs
class A 2% cc 3% gel 5% Kol-Seal and 3 1/2 lbs pheno per sack, displaced
with plug landing at 750 psi check float, float held job
complete.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2,300.00	2,300.00
CE0002	20	MILEAGE	7.15	143.00
CE0710	1	min bulk delivery	660.00	660.00
CC5800A	125	class A	20.00	2500.00
CC5325	200	calcium chloride	1.00	200.00
CC5965	400	Gel	.30	120.00
CC6077	650	Kol-Seal	.50	325.00
CC6079	120	pheno-Seal	1.35	162.00
CP8433	1	5 1/2 AFU Float shoe	250.00	250.00
CP8554	6	5 1/2 Centralizer	81.00	486.00
CP8234	1	5 1/2 hatch down plug	400.00	400.00
SCANNED				7546.00
Subtotal				7346.00
= 4.6%				3305.70
total				4040.30
SALES TAX 8.0%				355.47
ESTIMATED TOTAL				4395.77
				4420.61

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE **8/12/14**

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.



CONSOLIDATED
Oil Well Services, LLC

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

6411
Field ticket doc
6316

TICKET NUMBER 51289
LOCATION Ch Doardo
FOREMAN Fuzzy

API # 15-113-21384-00-00

FIELD TICKET & TREATMENT REPORT
CEMENT INVOICE #808316

FS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-4-16	9999	P.A. Koehn B-1	16	21	3	WPHerson
CUSTOMER Kermit + Tracey Schmidt			TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRESS 308 Westland Rd			760	Chris		
CITY WPHerson			611	Jud		
STATE KS			725	Fuzzy		
ZIP CODE 67460						

JOB TYPE S & S HOLE SIZE 12 1/4 HOLE DEPTH 273' CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 265' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 14.3 SLURRY VOL 33.9 WATER gal/sk 5.9 CEMENT LEFT in CASING 20'
DISPLACEMENT 15.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

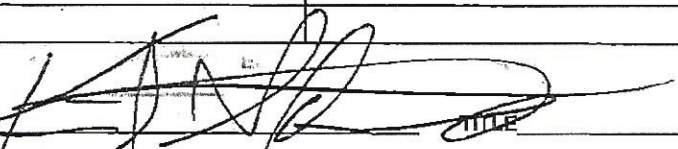
REMARKS: Safety meeting on handmark Dnlg. Rig up and circulate
mit 150sks 60/40 pos 390cc 200gel w/114* poly flake
displace 15 1/2 BSB and shut in.

Cement did not circulate - ran Tape Along side 8 5/8
found top of cement @ 28' down.

Thanks Fuzzy + Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
C60450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
C60002	65	MILEAGE	7 ¹⁵	464 ⁷⁵
C60710	6 Tow / 3510	Tow mileage Delivery	1 ²⁵	682 ⁵⁰
C65842	9421 150	60/40 pos	14 ⁷⁵	2212 ⁵⁰
C65965	300*	Gel	1 ³⁰	90 ⁰⁰
C65325	360*	Calcium chloride	1 ⁰⁰	360 ⁰⁰
C66075	50*	Poly flake	2 ⁰⁰	100 ⁰⁰
		Subtotal		5409 ⁷⁵
		less disc 45%		2434 ³⁸
				2,975.37
		.08 SALES TAX		128 ⁵⁵
		ESTIMATED TOTAL		3096 ⁹²

SCANNED

AUTHORIZATION  TITLE _____ 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.