

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1357026  
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: \_\_\_\_\_

1357026

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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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# United Cementing & Acid Company, Inc.

2510 W. 6th St.

El Dorado, Kansas 67042

316-321-4680 800-794-0187 (Fax) 316-321-4720

Remit Payment To:

One North Hudson, Suite 1000

Oklahoma City, OK 73102

405-278-8800

Customer:

Thomas Well Service, Inc.  
PO Box 97  
McLouth, Kansas 66054-0097

Invoice No. 5170  
Field Ticket 4504  
Date 004/17/03  
PO#

Date of Job	County	State	Lease	Well No.
04/16/03	LV	KS	Sachse	
Size of Casing	Depth Of Well	Depth Of Job	Plug Depth	Pressure
4-1/2"	1280'	1203'		
Quantity	Description	UOM	Unit Price	Total
	<b>Cement in 2-7/8"</b>			
50	Class A Cement	sax	5.80	290.00
1	Gel	sax	9.50	9.50
50	C-Sperse	lb	2.65	132.50
1	2-7/8" Float Shoe Ball Type			100.00
1	2-7/8" Top Rubber Plug			20.00
52	Bulk charge	sax	0.98	50.96
	Drayage - 2.50 tons x .73 . 90 mi.			164.25
	Cement Unit			617.30
			Subtotal	\$ 1,384.51
			Sales Tax	\$ 87.22
			<b>TOTAL DUE</b>	<b>\$ 1,471.73</b>

*pd. metfull  
CK # 5183  
4-16-03  
N.Hill*

*Thank you for your continued business*

TERMS: Net 30 days from invoice date. Please pay from this invoice.

ORIGINAL INVOICE



# United Cementing and Acid Co., Inc.

## SERVICE TICKET

4504

Oil Well Cementing & Acidizing  
 (316) 321-4680 • 800-794-0187 • FAX (316) 321-4720  
 2510 West 6th Street • El Dorado, KS 67042

DATE 4-16-03

COUNTY LV

CHARGE TO THOMAS WELL SERVICE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LEASE & WELL NO. SACHSE SEC. 13 TWP. 8 RNG. 21

CONTRACTOR COMPANY TOOLS TIME ON LOCATION 8:30 A

KIND OF JOB CEMENT IN 2 7/8  OLD  NEW

Quantity	MATERIAL USED	Serv. Charge
	<u>1203'</u>	<u>617.30</u>
<u>505x</u>	<u>CLASS A</u>	<u>290.00</u>
<u>15x</u>	<u>GEL</u>	<u>9.50</u>
<u>50 lbs</u>	<u>C-SPARSE</u>	<u>132.50</u>
<u>1</u>	<u>2 7/8 FLOAT SHOES BALL TYPE</u>	<u>100.00</u>
<u>525x</u>	<u>BULK CHARGE</u>	<u>50.96</u>
<u>90</u>	<u>BULK TRK. MILES <u>2.5</u></u>	<u>164.25</u>
	<u>PUMP TRK. MILES</u>	<u>N/C</u>
<u>1</u>	<u>PLUGS <u>2 7/8 Top Rubber</u></u>	<u>20.00</u>
	<u>SALES TAX</u>	<u>87.22</u>
	<u>TOTAL</u>	<u>1471.73</u>

T.D. 1280

CSG. SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_

SIZE HOLE Bores 1213-29

TBG SET AT \_\_\_\_\_ VOLUME \_\_\_\_\_

MAX. PRESS. \_\_\_\_\_

SIZE PIPE 2 7/8 Tub - 4 1/2 CSG

PLUG DEPTH \_\_\_\_\_

PKER DEPTH \_\_\_\_\_

PLUG USED TRP

TIME FINISHED \_\_\_\_\_

REMARKS: Run workline Tag SAND @ 1119' - Run Tubing to 1100' - Wash Down Tubing to 1203' - Clean Hole with 30BBls SAH H2O - Rig up Tubing Head Pump 5BBls Fresh H2O Ahead of 505x CLASS A 28GAL + 7/10 of 1/2 C-SPARSE - Wash up Pump. - Disp. Plug to 1203' w/ Fresh H2O - Bump Plug 1000# - Release PSI Float Held - DID NOT CIRC. CEMENT

### EQUIPMENT USED

NAME CHET JOHNSON UNIT NO. P14

NAME GREG SWANK UNIT NO. B3

Neal Rupp

CEMENTER OR TREATER

OWNER'S REP.