

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1363236
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: _____

1363236

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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WELL RECORD

API # 15-207-263240000

Well No. 24 Farm Sturdivam

Producer Lancer oil co. inc (Oper. #5613)

Location 540' NSL-4730' WEL-Approx NE, SW, SW, SW

Sec. 34 Twp. 23 Rg. 16

Elevation 1080 MSL

State Kansas County Woodson

Kind (Oil, Gas, Water, Dry Hole) Oil

Contractor Way Drilling co.

Producing formation

Top

Bottom

Shot with

qts.

from

to

Packer Set at

Kind

Size

Liner

from

to

Perforated from

to

LOG

Thick-ness	Strata	Depth	Thick-ness	Strata	Depth
2	Soil	2	9	Lime	865
4	Clay	6	65	Shale/lm stks	930
1	Lime(Hard) Boulder	7	11	Lime (40')	941
15	Clay yellow/shl	22	12	Shale/lm bks	953
155	Shale/sand streaks	177	4	Lime	957
4	Lime/Porous lime	181	12	Shale Slate dk	969
37	Sand/calcifid sd	218	9	Lime (20')	978
55	Lime gy wt br	273	9	Shale gy dk(20')	987
8	Shale gy	281	9	Lime (20')	996
29	Lime	310	8	Slate shl dk/G.B.)	1004
14	Lime/Shl	324	5	Lime (5')	1009
159	Lime	483	38	Shale gy dk	1047
8	Shale gy	491	2	Sand/sh Vert.Frac.	1049
4	Lime	495	1	Sand Bld 4" Shl btm	1050
4	Shale gy	499	1	Sand Speckle Bleed	1051
2	Lime	501	1	Sand/vert.Frac(NB)	1052
20	Shale gy Red/lm stks	521	1	Sand Blk/gas (NB)	1053
8	Shale/sand	529	1	Shale/4" Bld Middle	1054
10	Shale	539	1	Sand/sh(bleed 4"tp.	1055
37	Lime	576	4	Shale gy(trace Bld)	1059
16	Lime tan(Porous soft-	-	5	Sand Bleeding	1064
	-or sand)	592	1	Shale NO NB	1065
18	Lime brn gy	610	1	Shale/sd(Bld Middle	1066
5	Shale dk	615	1	ShaleBleed Middle	1067
2	Lime wt	617	26	Shale gy sdy NO	1093
2	Slate shl dk	619	7	Shale dk	1100
7	Lime tan(porous sft)	626	12	Shale gy sdy	1112
13	Lime or tan	639	11	Sans Lt(NO odor)	1123
2	Slate blk	641	2	Shale gy sdy	1125
21	Lime	662			
5	Sand	667			
163	Shale Green gy lt	830			
8	Lime	838			
12	Sand/shl	850			
6	Shale gy/lm	856			

Total Depth 1125'

~~REMOVED~~ Cement surface 8 sacks

Casing 7" at 42'3"

Casing 2 7/8" EUE at 1120.85'

Casing at

Cement The 2 7/8" to the surface

Turbine Seating nipple @ 1055.60'

Rods

Additional Information

Set Surface 11/13/95

Case cement 11/17/95

Date Completed

O. K.

Superintendent

STATEMENT

0716'

Date 11-18 1995

TO Lancer Oil, Inc.
P.O. Box 34
Piqua, Ks 66761

*pd
cb#
1165*

TERMS)

IN ACCOUNT WITH

Way Drilling Co
RT#1 Box 82 Humboldt, Ks 66748

1125' of 5 1/4" Bore Hole @ 3 ⁰⁰ per FT	\$ 3375 00	
1 20' core Taken (small BBL)	350 00	350 00
SUB - TO TAL		\$ 3725 00
8 1/2 Portland Cement @ 5.25		42 -
TOTAL	\$ 3767 00	

Sturdivan # 24
 API# 15-207-2634 0000

Thank You