

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD
 Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
FINV
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 267802

Invoice Date: 04/30/2014 Terms: 10/10/30,n/30 Page 1

PETROSANTANDER USA INC
11130 E. 7 MILE ROAD
GARDEN CITY KS 67846
() -

BULGER 7-11
46877
7-23S-30W
04-30-2014
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	200.00	18.5500	3710.00
9996-130	CEMENT MATERIAL DISCOUNT			-371.00
9995-130	CEMENT EQUIPMENT DISCOUNT			-328.70

Description	Hours	Unit Price	Total
397 TON MILEAGE DELIVERY	1.00	987.00	987.00
397 SQUEEZE MANIFOLD	1.00	200.00	200.00
T-118 SQUEEZE PUMP (KICK OFF PLUG PUMP)	1.00	1785.00	1785.00
T-118 EQUIPMENT MILEAGE (ONE WAY)	60.00	5.25	315.00

RECEIVED

RECEIVED
MAY 14 2014
By _____

BATCH cm140427
CON110
MAY 05 2014

MO

7200117

ACCT.# ~~8100204~~ ACCT. NAME w/s
LOC.# 4001 LOC. NAME Oper.
PROP.# 1063 PROP. NAME Bulger 7-11
AFF.# 0612 BILLING# 01

AFF?

0612 CL

Amount Due 7267.83 if paid after 05/30/2014

Parts:	3710.00	Freight:	.00	Tax:	243.75	AR	6541.05
Labor:	.00	Misc:	.00	Total:	6541.05		
Sublt:	-699.70	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

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

267802

TICKET NUMBER 46877
LOCATION Oakley NS
FOREMAN W Miles
Walt Dimick

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-30-14	6335	Bulger 7-11	7	235	30W	Finney
CUSTOMER						
Mailing Address						
CITY						
STATE						
ZIP CODE						

JOB TYPE Squeeze HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2"
CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER Perfs @ 4624-30'
SLURRY WEIGHT 14.5 SLURRY VOL 1.11 WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 16 7/8" DISPLACEMENT PSI _____ MIX PSI 1500 psi RATE _____

REMARKS: Safety meeting and rig up on PetroSantander well service. test plug to 1500psi @ 4669' held. Set Packer @ 4480' loaded backside with 14 bbls to 500 psi. In section rate 3 1/4 bbls/min @ 800 psi. Mixed 200 sacks Class A common shut down cleared pump & lines Displaced 12 7/8 bbls of water to 1500psi held reversed and cleaned with 35 bbls Pulled ten Snts pressure to 500 psi Shut in

Thanks Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5701B	1	PUMP CHARGE	1785.00	1785.00 ✓
5406	60	MILEAGE	5.25	315.00 ✓
5407A	9.4 tons	Ton mileage delivered	1.75	987.00 ✓
11045	200 sacks	Class A Cement	18.55	3710.00 ✓
5613	1	Squeeze Manifold charge	200.00	200.00 ✓
			Subtotal	6997.00
			less 10% discount	6297.30
			Subtotal	6297.30
			SALES TAX	243.75
			ESTIMATED TOTAL	6541.05 ✓

completed

Subtotal 6997.00
less 10% discount 6297.30
Subtotal 6297.30
SALES TAX 243.75
ESTIMATED TOTAL 6541.05 ✓

AUTHORIZATION Corks A Lopez TITLE _____ DATE 4-30-14

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.