KOLAR Document ID: 1484176

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 #	API No.:				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from North / South Line of Section				
City: State: Zip: +	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:				
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane)					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)				
Described	Chloride content: ppm Fluid volume: bbls				
☐ Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of fluid disposal if flauled offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R				
Recompletion Date Recompletion Date	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 Approved by: Date:

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Page Two

Operator Name:				Lease Nam	ne:			_ Well #:	
Sec Twp	S. R	_ Eas	t West	County:					
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to a	ng and shut-in pre	ssures, wh	ether shut-in pre	ssure reached	static I	evel, hydrostat	ic pressures, bo		
Final Radioactivity Log, files must be submitted						s must be emai	iled to kcc-well-	ogs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	neets)		Yes No]	Log	g Formatio	n (Top), Depth a		Sample
Samples Sent to Geolo	gical Survey		Yes No	'	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	Logs		Yes ☐ No Yes ☐ No Yes ☐ No						
Ü									
		Rep	CASING port all strings set-c	RECORD [New e, interm	Used	on, etc.		
Purpose of String	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	200		ot (0.5.)	2501711		20011	Comon	0000	7100.11700
			ADDITIONAL	. CEMENTING /	SQUE	EZE RECORD			
Purpose:	Depth Top Bottom	Тур	e of Cement	# Sacks Use	ed		Type and	Percent Additives	
Perforate Protect Casing Plug Back TD	-								
Plug Off Zone									
Did you perform a hydra	aulic fracturing treat	ment on this	well?			Yes	No (If No. s	kip questions 2 ar	nd 3)
Does the volume of the	_			t exceed 350,000	gallons	? Yes	=	kip question 3)	
3. Was the hydraulic fractu	uring treatment infor	mation subm	itted to the chemic	al disclosure regi	istry?	Yes	No (If No, f	ll out Page Three	of the ACO-1)
Date of first Production/Inj	jection or Resumed	Production/	Producing Meth	nod:	□ Ga	as Lift 0	ther <i>(Explain)</i>		
Estimated Production	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio	Gravity
Per 24 Hours									
DISPOSITION	N OF GAS:		_	METHOD OF COI	MPLETI	_		PRODUCTION Top	ON INTERVAL: Bottom
Vented Sold	Used on Leas	se 📗	Open Hole	_	Dually C Submit A		nmingled nit ACO-4)	ТОР	Bottom
(If vented, Subn	nit ACO-18.)						, <u> </u>		
		oration ottom	Bridge Plug Type	Bridge Plug Set At					
TUBING RECORD:	Size:	Set At	:	Packer At:					

Form	ACO1 - Well Completion
Operator	K & A Oil, a General Partnership
Well Name	VESTAL 11
Doc ID	1484176

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10.5	7	20	40	portland	8	none
Intermedia te	5.75	2.78	7.4	400	portland		cotton seed hulls

STATEMENT

14074

ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361 Cell: (620) 249-2519

Eve: (620) 725-5538

Date							
8-	1	4	-	1	9		

Custon	ner Bud Kill			
	S			
City	State	Zip		
Qty.	Description	Price	Amou	nt
50	SKS Cement	12,50	625,	00
2	hr Water Truck	85,00	170,	00
7	In Comput Pump	120,00	240,	00
1/2	Sk Hulls	16.00	8,	00
			1043,	00
	-	Tax 15	78	23
	Cemented Long String	1	1121.	23
	2/2 Casine 395" To Sur to	ice		
	With 50 SKS Convent			
	1			\wedge
- May				13
			(2/
			>	
1			0	
	Thank You – We appreciate your bu	siness!		

Rec'd. by ______
TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.