KOLAR Document ID: 1570047

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:	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.xxxxxx) (e.gxxx.xxxxxx)
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)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
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: 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)
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
☐ EOR Permit #:	Location of hald disposal in hadica offsite.
GSW Permit #:	Operator Name:
_	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
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:						

KOLAR Document ID: 1570047

Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS	S. R	Eas	t West	County:					
	l, flowing an	d shut-in press	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests (Attach Addit	Taken tional Sheets)			Yes No		☐ Lo		n (Top), Depth a		Sample
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Logs	S		Yes No Yes No Yes No						
			Rep	CASING	RECORD [New		on, etc.		
Purpose of St	tring	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>	
Purpose: Perforate		Depth Top Bottom	Тур	e of Cement	# Sacks Use	ed		Type and	Percent Additives	
Protect Ca										
Plug Off Z										
Did you perform Does the volume Was the hydraul	e of the total I	base fluid of the	hydraulic f	racturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Produ Injection:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>		
Estimated Product Per 24 Hours		Oil	Bbls.					ls.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ΓΙΟΝ:			ON INTERVAL:
Vented (//		Used on Lease		Open Hole		Dually (Submit A		nmingled	Тор	Bottom
,	ed, Submit AC							·		
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)	
TUBING RECORI	D: S	ize:	Set At	:	Packer At:					

Form	ACO1 - Well Completion			
Operator	Raymond Oil Company, Inc.			
Well Name	FRUSHER OWWO 3			
Doc ID	1570047			

Tops

Name	Тор	Datum
Anhy	1478	+804
Lans	3845	-1563
ВКС	4189	-1907
Ft Scott	4382	-2100
Miss	4508	-2226
Viola	4708	-2426
Simpson	4904	-2622
Arbuckle	4930	-2648

Form	ACO1 - Well Completion
Operator	Raymond Oil Company, Inc.
Well Name	FRUSHER OWWO 3
Doc ID	1570047

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Production	7.875	5.5	15.5	5035	EA2	200	2% gel 10% salt 5% calseal
Surface	12.25	8.625	20	214	Common	160	2% gel 3% cc

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Dolomite

Court

Umestone, CollLinne

Salt

Sendatone

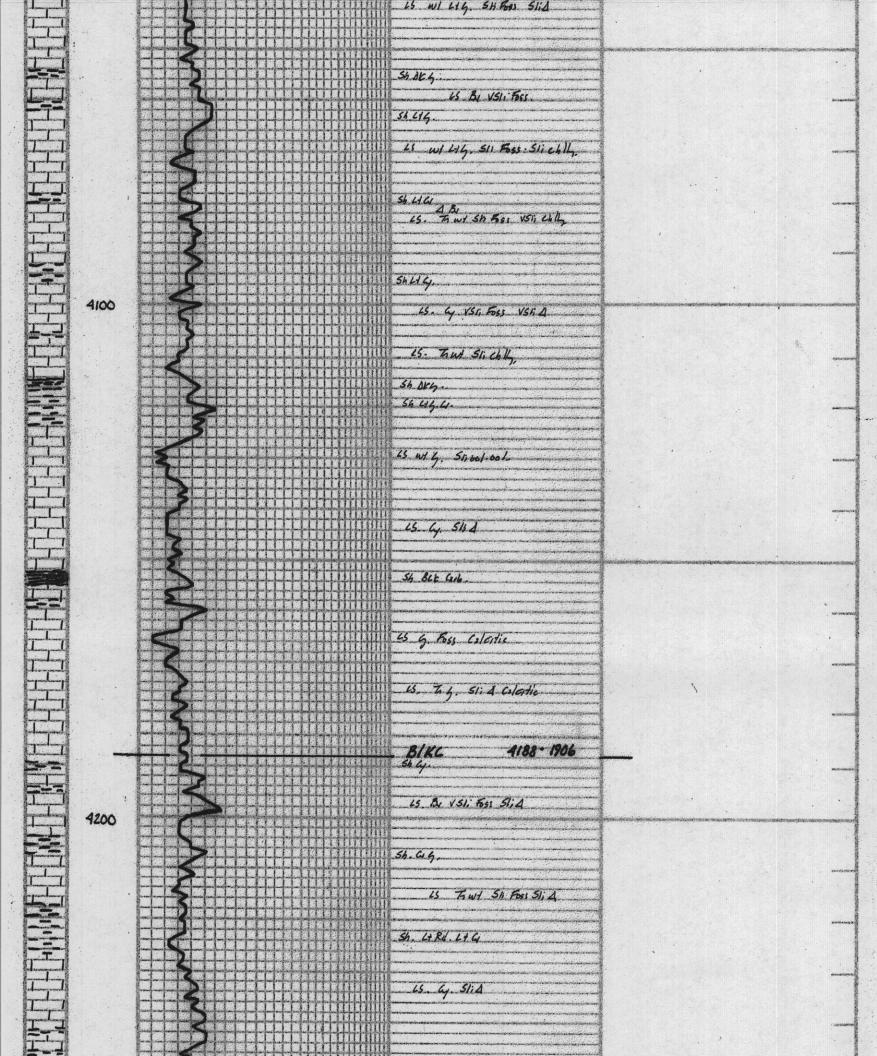
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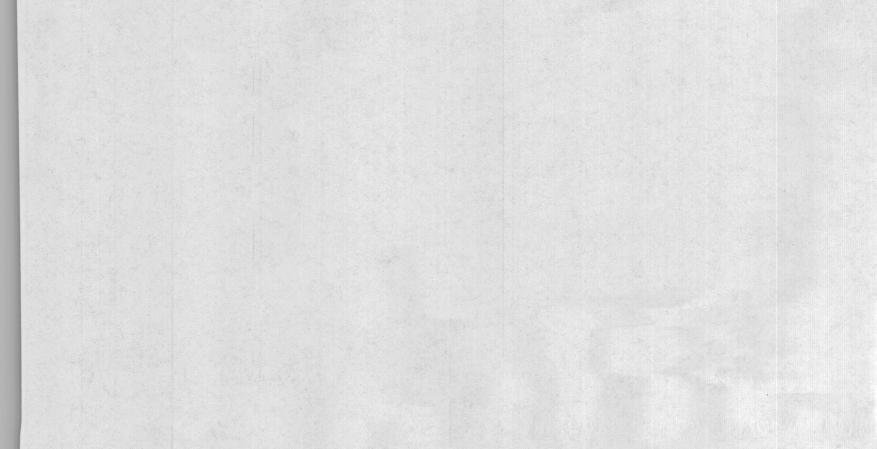
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SERVICE LOCATIONS

TICKET TYPE
SERVICE
SALES

CONTRACTOR

MELL TYPE

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OCINI Saroustina

REFERRAL LOCATION

CODE	ADDRESS CITY, STATE, ZIP CODE
Duning OI	CHARGE TO:

TICKET 33527

WELL CATEGORY	07		TUSINOR	LEASE >		Y, STATE, ZIP CODE	
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WELL DEBMIT NO	Protion	SHIPPED DELIVERED TO	Johnney	STATE CITY			
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but are not limited to, PAYMENT, RELEASE, INDEMNITY, and the terms and conditions on the reverse side hereof which include, LIMITED WARRANTY provisions. LEGAL TERMS: Customer hereby acknowledges and agrees to

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

REMIT PAYMENT TO:

SWIFT SERVICES, INC. NESS CITY, KS 67560 P.O. BOX 466 785-798-2300

	TOTAL		No	☐ YES	
	C	38	1,24		ARE YOU SATISFIED WITH OUR SERVICE?
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CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer Fernaby APPROVAL knowledges receipt of the materials and services listed on this ticket.

☐ CUSTOMER DID NOT WISH TO RESPOND

SWIFT OPERATOR

DATE SIGNED

TIME SIGNED

P.M.

Thank You!

TICKET CONTINUATION

TICKET 33527

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