



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1052102

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32485
Name: Patteson, Thomas Wade
Address 1: 484 Osage Trail
Address 2: _____
City: MOLINE State: KS Zip: 67353 + 9718
Contact Person: Wade Patteson
Phone: (620) 647-3667
CONTRACTOR: License # 30567
Name: Rig 6 Drilling Co., Inc.
Wellsite Geologist: Ken Cody
Purchaser: Plains Oil Co.

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
☐ Conv. to GSW
☐ Plug Back: _____ Plug Back Total Depth
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

12/19/2010	12/21/2010	02/20/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-049-22547-00-00
Spot Description: 180' FS fence line, 330' W of Countryman #3
SE SW SW NE Sec. 12 Twp. 29 S. R. 12 ☒ East ☐ West
2,800 Feet from ☐ North / ☒ South Line of Section
2,141 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Elk
Lease Name: Countryman Well #: 4
Field Name: Thomas

Producing Formation: Burgess Sand
Elevation: Ground: 1044 Kelly Bushing: 1050
Total Depth: 1647 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 1628 w/ 165 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated

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

- ☐ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 04/06/2011



1052102

Operator Name: Patteson, Thomas Wade Lease Name: Countryman Well #: 4
 Sec. 12 Twp. 29 S. R. 12 ☒ East ☐ West County: Elk

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

Electric Log Submitted Electronically ☒ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

Radioactive Log
 Cement Bond Log

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum
 Burgess 1615

CASING RECORD ☒ New ☐ 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
Surface Pipe	12.25	8.625	22	40	A	25	
Casing	6.75	4.5	11.5	1628	Thick Set	165	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: 2 3/8 Set At: 1050 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
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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



ENTERED

TICKET NUMBER 30085

LOCATION *EUREKA*

FOREMAN *Kevin McCoy*

FIELD TICKET & TREATMENT REPORT

DATE		CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-18-10		6288	Countryman #4	12	29S	12E	ELK
CUSTOMER				SAFETY MEETING			
WADE PATTERSON				TRUCK #			
MAILING ADDRESS				DRIVER			
484 OSAPE TRAIL				TRUCK #			
CITY				DRIVER			
STATE		ZIP CODE					
KS		67353					
Moline							

JOB TYPE <u>Longstring</u>	0	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1628' G.L.</u>	CASING SIZE & WEIGHT <u>4 1/2 11.60# New</u>
CASING DEPTH <u>1627' G.L.</u>		DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>13.5*</u>		SLURRY VOL <u>52 BBL</u>	WATER gal/sk <u>9*</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>25.5 BBL</u>		DISPLACEMENT PSI <u>1000</u>	PSI <u>1500 Bump Pkg</u>	RATE

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ fresh water. Pump 5 bbls
SOP Pre flush, 2 bbl water spacer. Mixed 165 sks THICK Set Cement w/ 1/2" Fiacello 1sk @
13.5"/gal. wash out Pump & Lines. Shut down. Release Plug. Displace w/ 35.5 bbls fresh water.
Final Pumping Pressure 1000 psi. Bump Plug to 1500 psi. wait 2 minutes. Release Pressure.
Float Held. Good Cement Returns to Surface. 2 bbl Slurry to Pit. Job Complete. Rig down.

Note: Rotated Casing while mixing Cement & During First half of Phg Displacement.

[illegible]

Bayle 3732

AUTHORIZATION

TITLE

DATE _____

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.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
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 # 238766

Invoice Date: 12/20/2010 Terms:

Page 1

PATTESON, WADE
484 OSAGE TRAIL
MOLINE KS 67353
(620) 647-3200

COUNTRYMAN #4
30085
12-18-10

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	165.00	17.0000	2805.00
1107	FLO-SEAL (25#)	85.00	2.1000	178.50
1123	CITY WATER	6000.00	.0149	89.40
4404	4 1/2" RUBBER PLUG	1.00	45.0000	45.00
4156	FLOAT SHOE 4 1/2"	1.00	227.0000	227.00
4129	CENTRALIZER 4 1/2"	4.00	40.0000	160.00

Description	Hours	Unit Price	Total
T-63 WATER TRANSPORT (CEMENT)	4.00	112.00	448.00
445 CEMENT PUMP	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	30.00	3.65	109.50
543 MIN. BULK DELIVERY	1.00	315.00	315.00

Parts: 3504.90 Freight: .00 Tax: 255.87 AR 5558.27
Labor: .00 Misc: .00 Total: 5558.27
Sublt: .00 Supplies: .00 Change: .00

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0908

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577