

KANSAS CORPORATION COMMISSION 1059293  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1  
June 2009  
Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

OPERATOR: License # 5088  
Name: Darrah, John Jay, Jr.  
Address 1: 225 N MARKET STE 300  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67202 + 2024  
Contact Person: Will Darrah  
Phone: ( 316 ) 219-3390  
CONTRACTOR: License # 30567  
Name: Rig 6 Drilling Co., Inc.  
Wellsite Geologist: Seth Evenson  
Purchaser: \_\_\_\_\_

Designate Type of Completion:

- ☒ New Well    ☐ Re-Entry    ☐ Workover
- ☐ Oil    ☐ WSW    ☐ SWD    ☐ SLOW  
☐ 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 #: \_\_\_\_\_

03/10/2011	03/19/2011	03/19/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-073-24156-00-00  
Spot Description: \_\_\_\_\_  
SW NW SE NW Sec. 1 Twp. 24 S. R. 9 ☒ East ☐ West  
1793 Feet from ☒ North / ☐ South Line of Section  
1613 Feet from ☐ East / ☒ West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
☐ NE ☒ NW ☐ SE ☐ SW  
County: Greenwood  
Lease Name: Marshall SI Well #: 26  
Field Name: \_\_\_\_\_  
Producing Formation: N/A  
Elevation: Ground: 1364 Kelly Bushing: 1365  
Total Depth: 2364 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 202 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: 901 ppm Fluid volume: 50 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: 07/11/2011



1059293

Operator Name: Darrah, John Jay, Jr. Lease Name: Marshall SI Well #: 26  
 Sec. 1 Twp. 24 S. R. 9 ☒ East ☐ West County: Greenwood

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample Name Top Datum Attached Attached Attached
---	--

CASING RECORD <input checked="" 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
Surface	12.25	8.625	20	202	60/40 poz	105	4% gel

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:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____			
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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Darrah, John Jay, Jr.
Well Name	Marshall SI 26
Doc ID	1059293

Tops

Kansas City	1658	297
Base KC	1815	454
Marmaton	1949	588
Cherokee	2116	755
Admore	2207	846
Bartlesville Sand	2341	980
Bartlesville Base	2344	983
RTD	2364	1003



**CONSOLIDATED**  
Oil Well Services, LLC

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

15-075-24150  
MAIN OFFICE  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

INVOICE

Invoice # 240244

Invoice Date: 03/29/2011 Terms:

Page 1

DARRAH JR., JOHN JAY  
225 N. MARKET ST, SUITE 300  
WICHITA KS 67202-2024  
(316) 219-3390

MARSHALL SI-26  
30365  
1-24-9E  
03-19-11  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	110.00	11.9500	1314.50
1118B	PREMIUM GEL / BENTONITE	375.00	.2000	75.00

Description	Hours	Unit Price	Total
436 80 BBL VACUUM TRUCK (CEMENT)	4.00	90.00	360.00
485 CEMENT PUMP	1.00	975.00	975.00
485 EQUIPMENT MILEAGE (ONE WAY)	20.00	4.00	80.00
515 MIN. BULK DELIVERY	1.00	330.00	330.00

83900  
300  
V3155

Parts:	1389.50	Freight:	.00	Tax:	101.44	AR	3235.94
Labor:	.00	Misc:	.00	Total:	3235.94		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

ELDORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

GALLETTE, WY  
307/686-4914

OAKLEY, KS  
785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

WORLDWIDE, WY  
307/347-4577



**ENTERED**

TICKET NUMBER 30365

LOCATION EUREKA

FOREMAN Russell McLean

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE		CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
3-19-2011		5410	Marshall SI-26	1	24	9 E	Greenwood																				
CUSTOMER John Jay Darrak JR				<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Rig 6 Drig</div> <table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>485</td> <td>ALAN</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>Chris</td> <td></td> <td></td> </tr> <tr> <td>486</td> <td>J.P.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	ALAN			515	Chris			486	J.P.						
TRUCK #	DRIVER	TRUCK #	DRIVER																								
485	ALAN																										
515	Chris																										
486	J.P.																										
MAILING ADDRESS 225 N MARKET ST STE 300																											
CITY Wichita		STATE KS	ZIP CODE 67202																								
JOB TYPE P.T.A.																											

JOB TYPE <u>P.T.A</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH _____	CASING SIZE & WEIGHT _____
CASING DEPTH _____	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT In CASING _____
DISPLACEMENT _____	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS:	SPOT	15 SKI	2350	RATE
Safety meeting				
		15 SKI	1200	
		70 SKI	250	To Surface
		110 SKI	TOTAL	

Thanks  
Russell  
McCom

[illegible]

Rayon 5737

## AUTHORIZATION

**TITLE**

Priller

DATE 3-19-2017

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.