



KANSAS CORPORATION COMMISSION 1061502  
OIL & GAS CONSERVATION DIVISION

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 # 33973  
Name: Guinotte Company LLC  
Address 1: 1526 S WILLOW  
Address 2: \_\_\_\_\_  
City: OTTAWA State: KS Zip: 66067 + 3818  
Contact Person: Lesli Stuteville  
Phone: ( 785 ) 229-2653  
CONTRACTOR: License # 34223  
Name: Utah Oil LLC  
Wellsite Geologist: na  
Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_  
07/08/2011    07/12/2011    07/21/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-059-25648-00-00  
Spot Description: N 38.57005 W.95.12965  
SW\_NE\_NW\_SE Sec. 18 Twp. 17 S. R. 21  East  West  
2015 Feet from  North /  South Line of Section  
1776 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Franklin  
Lease Name: BLUNK Well #: 23  
Field Name: \_\_\_\_\_  
Producing Formation: squirrel  
Elevation: Ground: 878 Kelly Bushing: 0  
Total Depth: 547 Plug Back Total Depth: 537  
Amount of Surface Pipe Set and Cemented at: 63 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: 63 w/ 25 sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 15 ppm Fluid volume: 80 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: 08/16/2011



1061502

Operator Name: Guinotte Company LLC Lease Name: BLUNK Well #: 23  
 Sec. 18 Twp. 17 S. R. 21  East  West County: Franklin

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Sample  Name Top Datum open hole
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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	9	6.25	10	63	portland	25	50/50 poz
completion	5.625	2.8750	8	537	portland	82	50/50 poz

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 <i>(Amount and Kind of Material Used)</i>	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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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WELL NAME BLUNK OPERATOR \_\_\_\_\_

START DATE: \_\_\_\_\_

WELL NO. 23 LOCATION: \_\_\_\_\_

API # \_\_\_\_\_

FACE PIPE: 63 Ft 25 Cement # \_\_\_\_\_

DUCTION: \_\_\_\_\_ PIPE: 2 1/2 SIZE: 557

Depth	Formation	Comment	Depth	Formation	Comment	Depth
37	CLAY		37			
41	GRAVEL		41			
71	SHALE		71			
83	LIME		83			
110	SHALE		110			
126	LIME		126			
154	SHALE		154			
156	LIME		156			
164	SHALE		164			
190	LIME		190			
201	SHALE		201			
220	LIME		220			
233	SHALE		233			
240	LIME	HERTHA	240			
390	SHALE		390			
406	LIME		406			
451	SHALE		451			
459	LIME		459			
467	SHALE		467			
474	LIME		474			
486	SHALE		486			
489	LIME		489			
502	SHALE		502			
506	LIME	Bleeds OIL	506			
510	SHALE		510			
512	SHALE	Circulatz	512			
518	SAND	CORED	518			
526	SHALE	" " "	526			
528	SHALE	DARK	528			
547	SHALE	TD	547			





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 32704  
LOCATION Ottawa KS  
FOREMAN Fred Mader

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
7/21/11	3132	Blunk #23	NW 18	17	21	FR
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Gunneth Company			506	Fred	Safety Mtg	
MAILING ADDRESS			495	Casey	CK	
1526 So. Willow			300	Cecil	CKD	
CITY	STATE	ZIP CODE	548	Casey	GM	
Ottawa	KS	66067				
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Logging	5 7/8	545	2 1/2" EUC			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
532						
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			2 1/2" Plug			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
3.1			4 BPM			

REMARKS: Establish Circulation. Mix + Pump 100# Premium Gel Flush  
Mix + Pump 82 sks 50/50 Por Mix Cement 2% Gel. Cement  
to surface. Flush pump + liner clean. Displace 2 1/2" Rubber  
plug to casing. TO W/ 3-11 BBL Fresh Water. Pressure  
to 600 PSI. Release pressure to set float valve. Shut in  
Casing.

Brad + Dave Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975 <sup>00</sup>
5406	0-	MILEAGE Truck on lease		N/C
5402	532	Casing Footage		N/C
5407	1/2 Minimum	Ten Miles		165 <sup>00</sup>
5502C	1 1/2 hrs	80 BBL Vac Truck		185 <sup>00</sup>
1124	82 sks	50/50 Por Mix Cement		856 <sup>80</sup>
118B	228#	Premium Gel		47 <sup>60</sup>
4402	1	2 1/2" Rubber Plug		28 <sup>00</sup>
		WO# 242921		
		less 20% <del>2234.63</del>		
		2234.63		
			78%	
			SALES TAX	72 <sup>73</sup>
			ESTIMATED TOTAL	2280 <sup>23</sup>

Revin 3737

AUTHORIZATION [Signature] 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.