



KANSAS CORPORATION COMMISSION 1062262  
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 # 31763  
Name: Blake Production Co., Inc.  
Address 1: 1601 NW EXPRESSWAY STE 1200  
Address 2: \_\_\_\_\_  
City: OKLAHOMA CITY State: OK Zip: 73118 + 1463  
Contact Person: Brian Rickard  
Phone: (405) 286-9800  
CONTRACTOR: License # 33575  
Name: WW Drilling, LLC  
Wellsite Geologist: None  
Purchaser: Pacer Marketing

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 #: \_\_\_\_\_

<u>4/4/2011</u>	<u>4/9/2011</u>	<u>6/1/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-147-20638-00-00

Spot Description: \_\_\_\_\_

SW SW NE SE Sec. 25 Twp. 4 S. R. 20  East  West  
1430 Feet from  North /  South Line of Section  
1170 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Phillips

Lease Name: Slinker Well #: 2-10

Field Name: Slinker

Producing Formation: Arbuckle/Kansas City

Elevation: Ground: 1964 Kelly Bushing: 1972

Total Depth: 3560 Plug Back Total Depth: 3472

Amount of Surface Pipe Set and Cemented at: 344 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: 344 w/ 200 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 2000 ppm Fluid volume: 1000 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: 08/30/2011



1062262

Operator Name: Blake Production Co., Inc. Lease Name: Slinker Well #: 2-10  
 Sec. 25 Twp. 4 S. R. 20  East  West County: Phillips

**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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3080	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	3104	
Electric Log Submitted Electronically (If no. Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3121	
		Arbuckle	3472	
List All E. Logs Run:				
DIL Density-Neutron CBL				

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	23	344	Common (3%cc & 2% gel)	200	
Production	7.875	5.5	14	3560	EL/ASC	450	

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
2	3420'-3425'; 3395'-3408'	900 gal. 15% mud acid	3421'
2	3304'3011'; 3285'-3294'; 3268'-3278'; 3248'-3258'; 3228'-3234'; 3211'-3221'; 3199'-3208'; 3174'-3185'	3700 gal. 15% mud acid	3138'

TUBING RECORD:	Size: <u>2 3/8</u>	Set At: <u>3,368'</u>	Packer At: <u>NA</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>6/20/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio Gravity

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 checked="" 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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# ALLIED CEMENTING CO., LLC. 039578

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT

*Permit*

DATE <i>4/14/11</i>	SEC. <i>23</i>	TWP. <i>4</i>	RANGE <i>20</i>	CALLED OUT	ON LOCATION	JOB START <i>5:30pm</i>	JOB FINISH <i>6:00pm</i>
LEASE <i>Shale</i>	WELL # <i>210</i>	LOCATION <i>Logan SE 1/4 N</i>			COUNTY <i>Nowata</i>	STATE <i>OK</i>	
OLD OR NEW (Circle one)							

CONTRACTOR *W.C. Smith, Jr. Co.* OWNER \_\_\_\_\_

TYPE OF JOB *Stucco*

HOLE SIZE *12 1/2"* T.D. *340* CEMENT \_\_\_\_\_

CASING SIZE *2 1/2"* DEPTH *340* AMOUNT ORDERED *200 Con 38 cc 220*

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_ COMMON \_\_\_\_\_ @ \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_ POZMIX \_\_\_\_\_ @ \_\_\_\_\_

CEMENT LEFT IN CSG. *1/2* GEL \_\_\_\_\_ @ \_\_\_\_\_

PERFS. \_\_\_\_\_ CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

DISPLACEMENT *20,98.661* ASC \_\_\_\_\_ @ \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER *Shane Heath*

# *412* HELPER *Tony*

BULK TRUCK \_\_\_\_\_

# *410* DRIVER *Todd*

BULK TRUCK \_\_\_\_\_

# \_\_\_\_\_ DRIVER \_\_\_\_\_

HANDLING \_\_\_\_\_ @ \_\_\_\_\_  
MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

**REMARKS:**

*Logan SE 1/4 N*

*Nowata County OK*

*Stucco*

*340*

*Contractor's Certificate*

TOTAL \_\_\_\_\_

**SERVICE**

DEPTH OF JOB \_\_\_\_\_

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

MANIFOLD \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

CHARGE TO: *Shale Production Co TR*

STREET *1600 NW Expressway, STE 1200*

CITY *Ada* STATE *OK* ZIP *73118*

TOTAL \_\_\_\_\_

**PLUG & FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner, agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

PRINTED NAME *TERRY GARRISON*

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE *Terry Garrison*

