

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 05721  
Name: Glacier Petroleum Co., Inc.  
Address 1: P.O. Box 577  
Address 2: \_\_\_\_\_  
City: Emporia State: KS Zip: 66801 + 0577  
Contact Person: J.C. Hawes  
Phone: ( 620 ) 342-1148  
CONTRACTOR: License # 30141  
Name: Summit Drilling Company  
Wellsite Geologist: Sean Deenihan  
Purchaser: Maclaskey

API No. 15 - ~~111-20468-00-00~~ 15-111-20438-00-00

Spot Description: \_\_\_\_\_  
C SE SW SE Sec. 16 Twp. 16 S. R. 10  East  West  
330 Feet from  North /  South Line of Section  
1,650 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Lyon  
Lease Name: Kizler Well #: 8  
Field Name: Kizler  
Producing Formation: Simpson

Elevation: Ground: 1412 Kelly Bushing: 1422  
Total Depth: 3368 Plug Back Total Depth: 3356  
Amount of Surface Pipe Set and Cemented at: 226 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 cml.

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SIOW  
 Gas  D&A  ENHR  SIGW  
 OG  GSW  
 CM (Coal Bed Methane)  
 Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

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If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_

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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>07/19/2011</u>	<u>07/28/2011</u>	<u>08/20/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 800 ppm Fluid volume: 400 bbls  
Dewatering method used: Evaporation  
Location of fluid disposal if hauled offsite:  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: \_\_\_\_\_  
Title: President Date: 09/12/2011

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: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: Glacier Petroleum Co., Inc. Lease Name: Kizler Well #: 8  
 Sec. 16 Twp. 16 S. R. 10  East  West County: Lyon

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: Dual Induction / Compensated Porosity Log Neutron / Bond / GR CCL Log	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Mississippi</td> <td>2548</td> <td>-1126</td> </tr> <tr> <td>Hunton</td> <td>3052</td> <td>-1630</td> </tr> <tr> <td>Viola</td> <td>3146</td> <td>-1724</td> </tr> <tr> <td>Simpson Dol</td> <td>3140</td> <td>-1818</td> </tr> </table>	Name	Top	Datum	Mississippi	2548	-1126	Hunton	3052	-1630	Viola	3146	-1724	Simpson Dol	3140	-1818
Name	Top	Datum														
Mississippi	2548	-1126														
Hunton	3052	-1630														
Viola	3146	-1724														
Simpson Dol	3140	-1818														

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 1/4	8 5/8	24	226	Class A	175	2% gel, 3% CC
Production	7 7/8	5 1/2	15.5	3366	Class A / Poz	260	Gel / Thick Set

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				
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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	3262 to 3266	500 gal 15% HCL Mud Acid	

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>3268</u> Packer At: <u>N/A</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>Est 10/01/2011</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 Bbls. <u>8</u>	Gas Mcf <u>0</u>	Water Bbls. <u>250</u>
Gas-Oil Ratio		Gravity <u>27</u>	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-1B.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" 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) _____	PRODUCTION INTERVAL: <u>3262 to 3266</u>
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 31359

LOCATION Eureka

FOREMAN Rick Lotford

242849

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API # 15-111-20438

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-19-11	3314	Kizler #8	16	16	106	Lyne
CUSTOMER Glacier Petroleum Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 577			520 John			
CITY STATE ZIP CODE Emporia KS 66801			573 Allen B.			

JOB TYPE surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 234' CASING SIZE & WEIGHT 8 5/8"  
 CASING DEPTH 229' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15" SLURRY VOL \_\_\_\_\_ WATER gal/sk 6.5 CEMENT LEFT in CASING 20'  
 DISPLACEMENT 13.5 bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Break circulation w/ 2 bbl fresh water. Mixed 125 lbs class A cement w/ 37% cacl2, 27% gel + 1/4" floccle/lb @ 15#/gal. Displace w/ 13.5 bbl fresh water, shut casing in w/ good cement returns to surface = 10 bbl slurry to pit. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	725.00	725.00
5406	60	MILEAGE	4.00	240.00
11045	125 sacks	class A cement	14.25	1781.25
1102	370#	37% cacl2	.70	259.00
1186	235#	27% gel	.20	47.00
1107	30#	1/4" floccle/lb	2.22	66.60
5407A	5.87	ten mileage bulk fee	1.26	443.77
			Subtotal	3598.62
			SALES TAX	166.91
			ESTIMATED TOTAL	3765.53

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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



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 31375

LOCATION EURKA

FOREMAN Kevin McCoy

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API # 15-111-20438

Ks

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-28-11	3314	Kizka #8	16	165	10E	Lyon

  

CUSTOMER	MILING ADDRESS	CITY	STATE	ZIP CODE
GLACIER Petroleum, inc.	P.O. Box 577	EMPORIA	Ks	66801

  

TRUCK #	DRIVER	TRUCK #	DRIVER
445	Dave G.		
479	Jory K.		
611	Chris B.		
437	Chris M.		

JOB TYPE Longstring O HOLE SIZE 7 7/8 HOLE DEPTH 3368' KB CASING SIZE & WEIGHT 5 1/2 15.5<sup>lb</sup> New & Used  
 CASING DEPTH 3356' G.L. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.5-13.6<sup>lb</sup> SLURRY VOL 61 BBL 6 1/4<sup>in</sup> 20 BBL 5<sup>in</sup> WATER gal/bk 9.0 CEMENT LEFT IN CASING 28.36  
 DISPLACEMENT 81.5 BBL DISPLACEMENT PSI 1200 PSI 1600 Bump Plug RATE 5 BPM

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Break Circulation w/ 10 BBL water. Mixed 200 SKS 60/40 Pozmix Cement w/ 6% Gel. 1" Pheno Seal /SK @ 12.5"/gal = 61 BBL SLURRY. Tail in w/ 60 SKS Thick Set Cement w/ 5" Kol-Seal /SK @ 13.6"/gal = 20 BBL SLURRY. Wash out pump & lines. Shut down. Release Latch down Plug. Displace Plug to Seat w/ 81.5 BBL Fresh water. Final Pumping Pressure 1200 PSI. Bump Plug to 1600 PSI. Wait 2 minutes. Release Pressure. Front & Plug Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

2800 ft Port fill.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	60	MILEAGE	4.00	240.00
1131	200 SKS	60/40 Pozmix Cement	11.95	2390.00
1118 B	1030 "	Gel 6% } Lead Cement	.20 "	206.00
1107 A	200 "	Pheno Seal 1"/SK	1.22 "	244.00
1126 A	60 SKS	THICK SET Cement } Tail Cement	18.30	1098.00
1110 A	300 "	Kol-Seal 5"/SK	.44	132.00
5407 A	11.9 TONS	60 miles BULK Delv. RECEIVED	1.26	899.64
5502 C	5 Hrs	80 BBL VAC TRUCK	90.00	450.00
1123	3000 Gals	City water SEP 20 2011	15.60/1000	46.80
4454	1	5 1/2 Latch down Plug	254.00	254.00
4159	1	5 1/2 AFU Float shoe KCC WICHITA	344.00	344.00
4104	1	5 1/2 Cement BASKET	229.00	229.00
4130	8	5 1/2 x 7 7/8 Centralizers	48.00	384.00
4312	1	5 1/2 weld on Collar	80.00	80.00
			Sub Total	7972.44
		THANK You	SALES TAX 7.8%	421.81
			ESTIMATED TOTAL	8394.25

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AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 7-28-2011

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