



KANSAS CORPORATION COMMISSION 1064502  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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

**CONFIDENTIAL**  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 32619  
Name: Excel Oil & Gas L.L.C.  
Address 1: PO BOX 68  
Address 2:  
City: BUCYRUS State: KS Zip: 66013 + 0068  
Contact Person: John Loyd  
Phone: ( 913 ) 208-9555  
CONTRACTOR: License # 5831  
Name: M.O.K.A.T.  
Wellsite Geologist: None  
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 #:

09/09/2011 09/12/2011 09/22/2011  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-019-27064-00-00

Spot Description:  
NW NW SW NE Sec. 15 Twp. 34 S. R. 12 ☒ East ☐ West  
3713 Feet from ☐ North / ☒ South Line of Section  
2421 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Chautauqua

Lease Name: Winders Well #: 15-3

Field Name: Peru-Sedan

Producing Formation: Wayside

Elevation: Ground: 773 Kelly Bushing: 775

Total Depth: 1037 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 42 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: Feet

If Alternate II completion, cement circulated from: 1034

feet depth to: 0 w/ 105 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 #:

**KCC Office Use ONLY**

- ☒ Letter of Confidentiality Received  
Date: 10/04/2011  
☐ Confidential Release Date:  
☒ Wireline Log Received  
☐ Geologist Report Received  
☐ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 10/11/2011

**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