1072056

KANSAS CORPORATION COMMISSION
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 # 9957
Name: Thomason Petroleum, Inc
Address 1: 2717 Canal Blvd.
Address 2: PO BOX 875
City: HAYS State: KS Zip: 67601 + _ _ _ _
Contact Person: Steven Thomason
Phone: (785) 625-9045
CONTRACTOR: License # 33771
Name: Ultimate Well Service, LLC
Wellsite Geologist: Derek Patterson
Purchaser: Plains 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 #:

11/5/2011	11/11/2011	11/29/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-065-23783-00-00
Spot Description: SW/4 SW/4 W2SESWSW
W2 SE SW SW Sec. 24 Twp. 9 S. R. 21 ☐ East ☑ West
330 Feet from ☐ North / ☑ South Line of Section
680 Feet from ☐ East / ☑ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☑ SW
County: Graham
Lease Name: Fischer Well #: 1
Field Name: Morel
Producing Formation: Arbuckle
Elevation: Ground: 2241 Kelly Bushing: 2249
Total Depth: 3842 Plug Back Total Depth: 3786
Amount of Surface Pipe Set and Cemented at: 223 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 3824
feet depth to: 0 w/ 550 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 9000 ppm Fluid volume: 400 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: 02/01/2012
☐ Confidential Release Date:
☑ Wireline Log Received
☑ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☑ II ☐ III Approved by: NAOMI JAMES Date: 02/02/2012