



KANSAS CORPORATION COMMISSION 1075510  
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 # 31486  
Name: Horton, Jack  
Address 1: PO BOX 97  
Address 2: \_\_\_\_\_  
City: SEDAN State: KS Zip: 67361 + 0097  
Contact Person: Jack Horton  
Phone: ( 620 ) 249-4476  
CONTRACTOR: License # 31486  
Name: Horton, Jack  
Wellsite Geologist: Fred Jones  
Purchaser: Coffeyville Resources

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 #: \_\_\_\_\_  
9/3/2011    9/5/2011    9/13/2011  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-125-32133-00-00  
Spot Description: \_\_\_\_\_  
NE SE NW SW Sec. 2 Twp. 34 S. R. 14  East  West  
1920 Feet from  North /  South Line of Section  
1440 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE     NW     SE     SW  
County: Montgomery  
Lease Name: MELANDER Well #: 15  
Field Name: Wayside-Havana  
Producing Formation: Wayside  
Elevation: Ground: 889 Kelly Bushing: 892  
Total Depth: 718 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 20 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: 710 w/ 105 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 300 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 Gantzer Date: 03/06/2012



1075510

Operator Name: Horton, Jack Lease Name: MELANDER Well #: 15  
 Sec. 2 Twp. 34 S. R. 14  East  West County: Montgomery

**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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wayside	658	231
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron				

CASING RECORD <input type="checkbox"/> New <input checked="" 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	9.875	6.625	18	20	Portland	8	
Long String	5.625	2.875	6.5	710	Thickset	105	

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	658-674	6000lbs sand	658-674

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>658</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>9/20/2011</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 Bbls. <u>8</u>	Gas Mcf	Water Bbls. <u>30</u>	Gas-Oil Ratio <u>32</u>

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) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>658</u> <u>674</u>
--	--	--



CLARK SERVICE CENTER  
Oil Well Services, LLC



WARRANTY  
WARRANTY

TICKET NUMBER 31578

LOCATION Edmore

FOREMAN D. J. ...

02 27 2012 11:50 AM

FIELD TICKET & TREATMENT REPORT

CLIENT

15-125-2210

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-9-11	3646	Melander # 15	2	3VS	14E	MG

  

CUSTOMER		TRUCK #		DRIVER	
Jack Harton		520	515	Allen B.	Chris M.
MAILING ADDRESS		83		Art (McLoy Truck)	
P.O. Box 97					
CITY	STATE	ZIP CODE			
Sedan	Ks	67361			

JOB TYPE L/S 0 HOLE SIZE 6 7/8" HOLE DEPTH 712' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 710' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.9" SLURRY VOL 32 BW WATER gal/sk 3.0 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 4' Bbl DISPLACEMENT PSI 500 ~~W~~ PSI 1000 Gumplos RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Pump 10 Bbl fresh water ahead. Mixed  
105 sac thickest cement w/ 5" Kalsol/sk @ 13.9"/gal. Washout pump & lines, shut  
down, release 2 plugs. Displace w/ 4' Bbl fresh water. Final pump pressure 600 PSI.  
Pump plug to 1000 PSI. Shift well in @ 500 PSI. Good cement returns to surface = 4 Bbl  
slurry to pit. Job complete. Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	105 sac	thickest cement	18.30	1921.50
1110A	525"	5" Kalsol/sk	.44	231.00
5407	5.78	car mileage bulk tax	57.00	330.00
55026	4 hrs	80 Bbl VOS TR	90.00	360.00
1123	3000 gals	city water	15.00/1000	45.00
4402	2	2 7/8" rubber plugs	28.00	56.00
Total 4222.38 - 5% disc 211.12 Total = 4011.26				
			Subtotal	4080.30
			6.3% SALES TAX	142.08
			ESTIMATED TOTAL	4222.38

Form 5737

244116

AUTHORIZATION \_\_\_\_\_ 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.