



KANSAS CORPORATION COMMISSION 1075527
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: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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>7/14/2011</u>	<u>7/17/2011</u>	<u>1/11/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32107-00-00

Spot Description:
SE SE SE NW Sec. 1 Twp. 34 S. R. 14 East West
2620 Feet from North / South Line of Section
2805 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery
Lease Name: KURTIS Well #: 3
Field Name: Wayside-Havana

Producing Formation: Wayside
Elevation: Ground: 871 Kelly Bushing: 874
Total Depth: 710 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: 692 w/ 75 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 Garrison Date: 03/06/2012



1075527

Operator Name: Horton, Jack Lease Name: KURTIS Well #: 3
 Sec. 1 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border: none;"> <tr> <td style="width:50%;">Name</td> <td style="width:25%;">Top</td> <td style="width:25%;">Datum</td> </tr> <tr> <td>Wayside</td> <td>643</td> <td>228</td> </tr> </table>	Name	Top	Datum	Wayside	643	228
Name	Top	Datum					
Wayside	643	228					

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	692	Thickset	75	

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	643-653	6000lbs sand	643-653

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>643</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>643</u> <u>653</u>
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 31431
LOCATION Eureka
FOREMAN Rick Ladford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8878

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-125-32107

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-22-11	30416	Kurtis # 3	1	34	14C	MG
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

CUSTOMER: Jack Horton
 Mailing Address: P.O. Box 97
 CITY: Sedan STATE: KS ZIP CODE: 67284
 TRUCK # 520 DRIVER John
 TRUCK # 513 DRIVER Allen B.
 TRUCK # 78 DRIVER Art m'can Trucking

JOB TYPE L/S 0 HOLE SIZE 5 7/8" HOLE DEPTH 710' CASING SIZE & WEIGHT _____
 CASING DEPTH 672' DRILL PIPE _____ TUBING 2 7/8" OTHER _____
 SLURRY WEIGHT 13.4° SLURRY VOL 23 BW WATER gal/yk 8.° CEMENT LEFT in CASING 0'
 DISPLACEMENT 4 Bbl DISPLACEMENT PSI 500 PSI 1000 Pump plug RATE _____

REMARKS: Safety meeting - Rig up to 2 7/8" tubing. Break circulation w/ fresh water.
Pump 4 hrs gel-flush, 10 Bbl water spacer. Mixed 25 hrs thickset cement w/ 5°
Kal-seal /sr @ 13.4° /gal. washout pump + loss, shut down, release 2 plugs. Displace
w/ 4 Bbl fresh water. Final pump pressure 500 PSI. Pump plugs to 1000 PSI. Closed
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	25 hrs	thickset cement	18.30	1372.50
1114A	375°	5° Kal-seal /sr	.44	165.00
1118B	800°	gel-flush	.20	40.00
5407	4.1	tan mileagy bulk trk	m/l	330.00
5502C	5 hrs	80 Bbl var. TRK	90.00/hr	450.00
1183	3300 gals	city water	15.00/1000	51.48
4402	2	2 7/8" top rubber plugs	28.00	56.00
Total \$ 3706.13			Check # 2060	
- 570 - 185.31				
\$ 3520.82				
			Subtotal	3599.98
			SALES TAX 6.2%	106.15
			ESTIMATED TOTAL	3706.13

Rev 01/07

242838

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.