



KANSAS CORPORATION COMMISSION 1075533
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 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 #: _____

<u>7/28/2011</u>	<u>7/31/2011</u>	<u>8/25/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32110-00-00
Spot Description: _____
S2 S2 NW NE Sec. 5 Twp. 34 S. R. 14 East West
1200 Feet from North / South Line of Section
1980 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: DYER Well #: 18
Field Name: _____
Producing Formation: Wayside
Elevation: Ground: 860 Kelly Bushing: 863
Total Depth: 840 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: 831 w/ 90 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 350 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 Garrick Date: 03/06/2012



1075533

Operator Name: Horton, Jack Lease Name: DYER Well #: 18
 Sec. 5 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 <i>(Attach Additional Sheets)</i>	<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	720	140
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron				

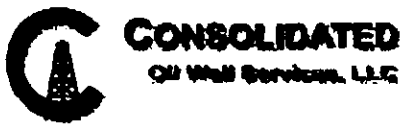
CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	20	Portland	8	
Long String	6.75	4.5	9.5	831	Thickset	90	

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	-			

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	720-730	4000lbs sand	720-730

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>720</u>	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>8/25/2011</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>4</u>	Gas Mcf	Water Bbls. <u>50</u>	Gas-Oil Ratio <u>29</u>

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>720</u> <u>730</u>
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ENTERED

TICKET NUMBER 31437
LOCATION Eureka
FOREMAN Kirk Latford

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

FIELD TICKET & TREATMENT REPORT

CEMENT API# 15-125-32110

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-11-11	3546	Dye # 18	5	34	198	MG
CUSTOMER <u>Jack Herten</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 97</u>			DRIVER			
CITY <u>Sedan</u>		STATE <u>KS</u>	ZIP CODE <u>67361</u>	TRUCK #		DRIVER
			<u>520</u>		<u>Allen B.</u>	
			<u>479</u>		<u>Jacy</u>	
			<u>437</u>		<u>Celia</u>	

JOB TYPE L/S 0 HOLE SIZE 6 7/8" HOLE DEPTH 840' CASING SIZE & WEIGHT 9 1/2"
 CASING DEPTH 831' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8# SLURRY VOL _____ WATER gal/stk 2.0 CEMENT LEFT IN CASING 0'
 DISPLACEMENT 13 Bbl DISPLACEMENT PSI 300 ~~100~~ PSI 800 Bmp plus. RATE _____

REMARKS: Safety meeting- Rig up to 9 1/2" casing. Break circulation w/ 2 Bbl water. Pump 4 sacs gel-flush, 5 Bbl water spacer, 6 Bbl dye water. Mixed 90 sacs thickset cement w/ 5" Kol-sol/sx @ 13.8#/gal. Washout pump + lines, release rubber plug. Displace w/ 13 Bbl water. Final pump pressure 300 PSI. Pump plug to 800 PSI, release pressure, float & plug held. Good cement returns to surface = 2 Bbl slurry to pit. Job complete.

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	90 sacs	thickset cement	12.30	1107.00
1108A	450"	5" Kol-sol/sx	.41	178.00
1118B	200"	gel-flush	.20	40.00
5407	4.75	ton mileage bulk tax	n/c	330.00
5502C	5 hrs	90 Bbl was. 70K	90.00/hr	450.00
1123	3000 gals	city water	15.00/1000	46.80
4404	1	4 1/2" top rubber plug	48.00	48.00
<u>Total = 4013.15</u> <u>Check # 2071</u> <u>- 5% disc. = 197.63</u> <u># 3815.52</u>				
			Subtotal	3815.52
			6.3% SALES TAX	124.35
			ESTIMATED TOTAL	4013.15

Rev'n 3737

043411

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.