

KANSAS CORPORATION COMMISSION 1075696  
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 # 31613

Name: Sheedy, Charles W. dba Sheedy Energy Production Company

Address 1: 709 E KANSAS

Address 2: \_\_\_\_\_

City: YATES CENTER State: KS Zip: 66783 + 1349

Contact Person: Wendy Sheedy

Phone: ( 620 ) 625-3440

CONTRACTOR: License # 30567

Name: Rig 6 Drilling Co., Inc.

Wellsite Geologist: N/A

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 #: \_\_\_\_\_

07/21/2011

07/26/2011

07/26/2011

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API No. 15 - 15-207-27820-00-00

Spot Description: \_\_\_\_\_

S2 NE SE NW Sec. 22 Twp. 25 S. R. 14  East  West

1685 Feet from  North /  South Line of Section

2310 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Woodson

Lease Name: TIPTON Well #: 11

Field Name: QUINCY

Producing Formation: Bartlesville

Elevation: Ground: 1053 Kelly Bushing: 6

Total Depth: 1555 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 40 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ 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 #: \_\_\_\_\_

**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: NAOMI JAMES Date: 04/02/2012



1075696

Operator Name: Sheedy, Charles W. dba Sheedy Energy Production Company Lease Name: TIPTON Well #: 11  
 Sec. 22 Twp. 25 S. R. 14  East  West County: Woodson

**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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ALTAMONT 997 1022	
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	PAWNEE 1086 1089	
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	OSWEGO 1120 1138	
List All E. Logs Run:		SQUIRREL 1219 1221	
		ARDMORE 1289 1291	
		BARTLESVILLE 1469 1474	
		MISSISSIPPI 1538 1555	

<b>CASING RECORD</b> <input checked="" type="checkbox"/> New <input 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	9.625	17	40	CLASS A	15	NONE

<b>ADDITIONAL CEMENTING / SQUEEZE RECORD</b>							
Purpose:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
	-						
	-						

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

TUBING RECORD: Size: Set At: Packer At:				Liner Run: <input type="checkbox"/> Yes <input 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 (Explain) _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio		Gravity	

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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____			PRODUCTION INTERVAL:  <hr/> <hr/>	
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**REMIT TO**  
Consolidated Oil Well Services, LLC  
Dept. 970  
P.O. Box 4346  
Houston, TX 77210-4346

**MAIN OFFICE**  
P.O. Box 884  
Chanute, KS 66720  
620/431-9210 • 1-800/467-8676  
FAX 620/431-0012

**INVOICE**

Invoice # 242969

Invoice Date: 07/29/2011 Terms:

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SHEEDY ENERGY PRODUCTION CO  
ATTN: CHARLES SHEEDY  
709 EAST KANSAS  
YATES CENTER KS 66783  
(620) 625-3440

TIPTON #11  
31441  
22-25S-14E  
07-26-11  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	80.00	11.9500	956.00
1118B	PREMIUM GEL / BENTONITE	275.00	.2000	55.00
1123	CITY WATER	3000.00	.0156	46.80

	Description	Hours	Unit Price	Total
436	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
479	MIN. BULK DELIVERY	1.00	330.00	330.00
485	P & A NEW WELL	1.00	975.00	975.00
485	EQUIPMENT MILEAGE (ONE WAY)	25.00	4.00	100.00

Parts:	1057.80	Freight:	.00	Tax:	77.23	AR	2810.03
Labor:	.00	Misc:	.00	Total:	2810.03		
Sublt:	.00	Supplies:	.00	Change:	.00		

**Signed** \_\_\_\_\_**Date** \_\_\_\_\_

