



KANSAS CORPORATION COMMISSION 1081044  
OIL & GAS CONSERVATION DIVISION

**CONFIDENTIAL**

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

OPERATOR: License # 32619  
Name: Excel Oil & Gas L.L.C.  
Address 1: PO BOX 68  
Address 2: \_\_\_\_\_  
City: BUCYRUS State: KS Zip: 66013 + 0068  
Contact Person: John Loyd  
Phone: ( 913 ) 208-9555  
CONTRACTOR: License # 33654  
Name: G & J Well Services, Inc.  
Wellsite Geologist: none  
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: Excel Oil & Gas, LLC  
Well Name: Winders 1A

Original Comp. Date: 04/27/2005 Original Total Depth: 1063  
☐ 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 #: \_\_\_\_\_

04/02/2012 04/02/2012  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-019-26679-00-01

Spot Description: \_\_\_\_\_  
NW SE SW NE Sec. 15 Twp. 34 S. R. 12 ☒ East ☐ West  
3095 Feet from ☐ North / ☒ South Line of Section  
1821 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Chautauqua

Lease Name: WINDERS Well #: 1A

Field Name: \_\_\_\_\_

Producing Formation: Wayside

Elevation: Ground: 830 Kelly Bushing: 832

Total Depth: 1063 Plug Back Total Depth: 1057

Amount of Surface Pipe Set and Cemented at: 42 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: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

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: 05/11/2012

☐ Confidential Release Date: \_\_\_\_\_

☐ Wireline Log Received

☐ Geologist Report Received

☒ UIC Distribution

ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 05/14/2012