



KANSAS CORPORATION COMMISSION 1081867  
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 # 5682  
Name: Hughes Drilling Co, a General Partnership  
Address 1: 122 MAIN  
Address 2: \_\_\_\_\_  
City: WELLSVILLE State: KS Zip: 66092 + 8522  
Contact Person: Clay Hughes  
Phone: (785) 883-2235  
CONTRACTOR: License # 5682  
Name: Hughes Drilling Co, a General Partnership  
Wellsite Geologist: NA  
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 #: \_\_\_\_\_

1/31/2012    2/2/2012    2/2/2012  
Spud Date or    Date Reached TD    Completion Date or  
Recompletion Date       Recompletion Date

API No. 15 - 15-059-25813-00-00

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

SW NE NE SW Sec. 33 Twp. 15 S. R. 20  East  West  
1982 Feet from  North /  South Line of Section  
3001 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE     NW     SE     SW

County: Franklin

Lease Name: Lutter Well #: I-2

Field Name: Norwood

Producing Formation: Squirrel

Elevation: Ground: 961 Kelly Bushing: 0

Total Depth: 785 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: 24 w/ 9 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500 ppm Fluid volume: 80 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 Gartsor Date: 05/24/2012



1081867

Operator Name: Hughes Drilling Co, a General Partnership Lease Name: Lutter Well #: I-2  
 Sec. 33 Twp. 15 S. R. 20  East  West County: Franklin

**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 type="checkbox"/> Yes <input checked="" 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:  GammaRay/Neutron/CCL	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>GammaRay</td> <td></td> <td></td> </tr> </table>	Name	Top	Datum	GammaRay		
Name	Top	Datum					
GammaRay							

CASING RECORD <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	7	10	24	Portland	9	50/50 POZ
Completion	5.6250	2.8750	8	777	Portland	107	50/50 POZ

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
3	716.0-725.0	2" DML RTG	9

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 Bbbs.	Gas Mcf	Water Bbbs. Gas-Oil Ratio Gravity

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

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

TICKET NUMBER 36947  
LOCATION Ottawa, KS  
FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY	
2/2/12	3425	Lutter # I-2		SW 33	15	20	FR	
CUSTOMER Hughes Drilling				TRUCK #	DRIVER	TRUCK #	DRIVER	
MAILING ADDRESS 122 Main				481	Casey Ken	CK		
CITY Wellsville				495	Gar Moo	GM		
STATE KS		ZIP CODE 666092		510	Ann Miz	AM		
JOB TYPE	long string	HOLE SIZE	5 5/8"	HOLE DEPTH				785'
CASING DEPTH	777'	DRILL PIPE		TUBING				pin - 762'
SLURRY WEIGHT		SLURRY VOL		CASING SIZE & WEIGHT				2 1/2" EVE
DISPLACEMENT	4.43 bbls	DISPLACEMENT PSI		OTHER				
REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Premium Gel				CEMENT LEFT in CASING				2 1/2" rubber plug
followed by 10 bbls fresh water, mixed + pumped 107 sks 50/50 Pozmix cement w/				RATE				5.5 bpm
220 gel per sk, cement to surface, flushed pump clean, displaced 2 1/2" rubber								
plug to pin w/ 4.43 bbls fresh water, pressured to 800 PSI, well held pressure for								
35 min MIT, shut in casing.								

Had own H<sub>2</sub>O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
540	1	PUMP CHARGE		
5-06	20 mi	MILEAGE		1030.00
5402	777'			80.00
5-07	1/2 minimum	casing footage + 100 mileage		175.00
1124	107 sks	50/50 Pozmix cement		1171.65
1123	280 #	Gel		58.80
4462	1	2 1/2" rubber plug		28.00
				7.8%
			SALES TAX	98.16
			ESTIMATED TOTAL	2641.11

249757

AUTHORIZATION Darl Huber

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

that the payment terms, unless specifically amended in writing on the front of the form or in the customer's ... on the back of this form are in effect for services identified on this form