



KANSAS CORPORATION COMMISSION 1077663  
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 # 34133  
Name: Southwinds Energy LLC  
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>2/28/2012</u>	<u>3/28/2012</u>	<u>6/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-019-27139-00-00

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

SE SE SE SW Sec. 21 Twp. 33 S. R. 10  East  West  
175 Feet from  North /  South Line of Section  
2815 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Chautauqua

Lease Name: Webb Well #: 6 Disposal

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

Producing Formation: Arbuckle

Elevation: Ground: 1055 Kelly Bushing: 1058

Total Depth: 2300 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: 0

feet depth to: 2275 w/ 275 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 400 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: 08/03/2012



1077663

Operator Name: Horton, Jack Lease Name: Webb Well #: 6 Disposal  
 Sec. 21 Twp. 33 S. R. 10  East  West County: Chautauqua

**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 (Attach Additional Sheets)	<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
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arbuckle	2272
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Datum
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Bond Log			

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	12.250	8.625	24	40	Portland	15	
Long String	6.750	4.500	9.5	2275	Pozmix	275	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	0-280	Portland	39	
<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 (Amount and Kind of Material Used)	Depth
		1500 Gallons 20% HCl Solution	

TUBING RECORD:		Size: 2.375	Set At: 2261	Packer At: 2260	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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 36299

LOCATION Fureka

FOREMAN Rick Ledford

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

**FIELD TICKET & TREATMENT REPORT**

CEMENT API # 15-019-27139

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/29/12		Webb #6 Disposal	21	335	10E	Chautauqua
CUSTOMER Jarik Horton			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 97			520	John	92	Rudy (MCC) Tax
CITY Sedan			479 L	Chris B.		
STATE KS			515 T	Colin		
ZIP CODE 67361			637	Jim		

JOB TYPE L/S HOLE SIZE 7 7/8" HOLE DEPTH 2317 CASING SIZE & WEIGHT 4 1/2"  
 CASING DEPTH 2225 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 12.8" 13.4" SLURRY VOL 75 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0  
 DISPLACEMENT 36.2 Bbl DISPLACEMENT PSI 800 MIX PSI 1300 Buna plus RATE \_\_\_\_\_

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 5 Bbl fresh water. Mixed 225 sks Col/46 Pozmix cement w/ 6% gel + 1/4" floccle/sk @ 12.8"/gal. Tail in w/ 50 sks class A cement w/ 1% cacil + 2% gel @ 13.4"/gal. washout pump + lvs. release 4 1/2" top rubber plug. Displace w/ 36.2 Bbl fresh water. Final pump pressure 800 PSI Buna plus to 1300 PSI. release pressure flood + plug held.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	50	MILEAGE	4.00	200.00
1131	225 sks	Col/46 Pozmix cement	12.55	2823.75
1118B	1160 #	6% gel	.21	243.60
1107	56 #	1/4" floccle/sk	2.35	131.60
11043	50 sks	class A cement	14.95	747.50
1102	45 #	1% cacil	.74	33.30
1118B	90 #	2% gel	.21	18.90
5407A	12.02	tax mileage bulk tax	1.34	805.34
5502C	4 hrs	80 Bbl vac. TRK	90.00	360.00
5502C	4 hrs	80 Bbl vac. TRK	90.00	360.00
1123	3000 gals	city water	16.50/1000	49.50
4404	1	4 1/2" top rubber plug	45.00	45.00
		7188.22		
		-5% div. 359.41		
		6828.81 Total		
		subtotal		6848.49
		2.3% SALES TAX		339.73
		ESTIMATED TOTAL		7188.22

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.

09863

STATEMENT

COPY

ELMORE'S INC.

Box 87 - 776 HWY99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

4-25-12

Customer Jack Horton

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty.	Description	Price	Amount
3	hr Pulling Unit	120.00	360.00
2	hr Vac Truck	85.00	170.00
1	Bank Tank	85.00	85.00
39	sks. Cement	10.00	390.00
280'	of 1/2 Tubin	.10	28.00
2	hr Cement Pump	110.00	220.00
			1253.00
		Tax	104.00
	Webb SWD Well New	\$	1357.00
	Ran 1/2" Tubin Down		
	Backside of 4 1/2 To		
	280' Washed Cemented		
	To Surface With 39 SKS		
	Cement		

Thank You - We appreciate your business!

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.