

KANSAS CORPORATION COMMISSION 1084211
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 # 34551
Name: Thunderbolt Construction Corp
Address 1: 201 S. 11th St.
Address 2: _____
City: LOUISBURG State: KS Zip: 66053 + _____
Contact Person: Thor McKiernan
Phone: (913) 709-7090
CONTRACTOR: License # 33715
Name: Town Oilfield Service
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 #: _____

12/28/2011	12/30/2011	12/30/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-107-24561-00-00

Spot Description: _____
SE SW NE SW Sec. 35 Twp. 19 S. R. 24 East West
1488 Feet from North / South Line of Section
3333 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Linn
Lease Name: QUERRY Well #: Q-9
Field Name: Lacygne-Cadmus

Producing Formation: Squirrel
Elevation: Ground: 808 Kelly Bushing: 0
Total Depth: 259 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 21 w/ 3 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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date: _____	
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Garrico</u> Date: <u>04/18/2016</u>



1084211

Operator Name: Thunderbolt Construction Corp Lease Name: QUERRY Well #: Q-9
 Sec. 35 Twp. 19 S. R. 24 East West County: Linn

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 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	GammaRay	
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
GammaRay/Neutron/CCL			

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	21	Portland	3	50/50 POZ
Completion	5.6250	2.8750	8	219	Portland	140	50/50 POZ

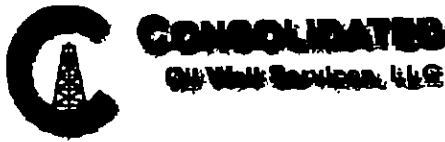
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
3	185.0-199.0	2" DML RTG	14

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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input 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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Thickness of Strata	Formation	Total Depth	Remarks
0-25	soil-clay	25	
19	shale	44	
4	Lime	48	
5	Shale	53	
13	Lime	66	
8	Shale	74	
12	Lime	86	
10	Shale	96	
5	Lime	101	
6	Shale	107	
5	Lime	112	
6	Shale	118	
24	Lime	142	
33	Shale	175	
1	Lime	176	
7	Shale	183	
2	sandy shale	185	
1	sand	186	5% oil
9	sand	195	solid oil
3	sandy shale	198	5% oil
1	sand	199	solid oil
12	sandy shale	211	no oil
41	Shale	252	
3	Lime	255	
4	Sandy lime	259	TD



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
 820/431-9210 • 1-800/487-8678
 Fax 820/431-0012

INVOICE

Invoice # 246841

Invoice Date: 12/31/2011 Terms: 0/0/30,n/30 Page 1

TOWN OILFIELD SERVICES
 P.O. BOX 339
 LOUISBURG KS 66053-0339
 (913) 837-8400

QUERY Q-9
 36775
 SW 35 19 24 LN
 12/30/11

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Description	Hours	Unit Price	Total
CASING FOOTAGE	.00	.22	.00

Part Number	Description	Qty	Unit Price	Total
1124	50/50 POZ CEMENT MIX	140.00	10.9500	1533.00
1118B	PREMIUM GEL / BENTONITE	336.00	.2100	70.56
4402	2 1/2" RUBBER PLUG	1.00	28.0000	28.00

Description	Hours	Unit Price	Total
368 90 BBL VACUUM TRUCK (CEMENT)	1.50	90.00	135.00
495 CEMENT PUMP	1.00	1030.00	1030.00
495 EQUIPMENT MILEAGE (ONE WAY)	.00	4.00	.00
510 TON MILEAGE DELIVERY	391.30	1.26	493.04

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Parts:	1631.56	Freight:	.00	Tax:	102.79	AR	3392.39
Labor:	.00	Misc:	.00	Total:	3392.39		
Sublt:	.00	Supplies:	.00	Change:	.00		

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Signed _____ Date _____

- BARTLESVILLE, OK
918/358-0808
- EL DORADO, KS
318/222-7022
- EUREKA, KS
620/593-7884
- PONCA CITY, OK
580/762-2593
- OAKLEY, KS
785/672-2227
- OTTAWA, KS
785/242-4044
- THAYER, KS
620/838-8269
- GILLETTE, WY
307/688-4914



CONSOLIDATED
Oil Field Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8876

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 36775

LOCATION Oxtawa KS

FOREMAN Fred Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/20/11	7984	Query # @ - 9	Sw 35	19	24	LN
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Louisburg			KS			
339			66053			

JOB TYPE loss string HOLE SIZE 5 7/8 HOLE DEPTH 257 CASING SIZE & WEIGHT 2 3/8 EUE
 CASING DEPTH 219 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 2 1/2" Plug
 DISPLACEMENT 12700 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Suspect washed out hole below surface casing
Used extra cement - Mix & Pump 100' Premium Gel Flush
Mix & Pump 140 sks 50/50 for Mix Cement 270 Gal.
Cement to surface Flush pump & lines clean. Displace
2 1/2" Rubber plug to casing TD w/ 1.27 BBL Fresh water.
Pressure to 600 PSI. Release pressure to set float valve.
Shut in casing

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	603.00
5406	0	MILEAGE Truck on lease		N/C
5402	219'	Casing footage		N/C
5407A	391.3	Ten Miles		493.09
5502C	1 1/2 hr	80 BBL Vac Truck		135.00
1124	140 sks	50/50 for Mix Cement		1533.00
11180	326'	Premium Gel		70.50
4402	1	2 1/2" Rubber Plug		25.00
			633	SALES TAX
				ESTIMATED
				TOTAL
				339.29

246841

BAVIN 9737

AUTHORIZATION Stoker Saut 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