



KANSAS CORPORATION COMMISSION 1087245  
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 # 34379  
Name: Scott's Production, LLC  
Address 1: PO BOX 136  
Address 2: 110 N MEMORY TRAIL  
City: ROXBURY State: KS Zip: 67476 + \_\_\_\_\_  
Contact Person: Jay Scott  
Phone: ( 785 ) 254-7828  
CONTRACTOR: License # 32701  
Name: C & G Drilling, Inc.  
Wellsite Geologist: Frank Mize  
Purchaser: NCRA

Designate Type of Completion:

- New Well     Re-Entry     Workover
- Oil     WSW     SWD     SLOW
- 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>05/29/2012</u>	<u>06/01/2012</u>	<u>6/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-169-20336-00-00

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

E2 NW NE NE Sec. 8 Twp. 16 S. R. 1  East  West

330 Feet from  North /  South Line of Section

935 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Saline

Lease Name: Swisher Well #: 7

Field Name: Hunter North

Producing Formation: Mississippian

Elevation: Ground: 1284 Kelly Bushing: 1293

Total Depth: 2649 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 218 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: 1000 ppm Fluid volume: 200 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: 08/15/2012



1087245

Operator Name: Scott's Production, LLC Lease Name: Swisher Well #: 7  
 Sec. 8 Twp. 16 S. R. 1  East  West County: Saline

**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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mississippian		
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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	12	8	24	218	15% HCL	250	
Long	8	5	15	2643	Thick Set	75	

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

TUBING RECORD:	Size: <u>2-3/8</u>	Set At: <u>2643</u>	Packer At: <u>No Packer</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>8/7/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>10</u>	Gas Mcf	Water Bbls. <u>30</u>	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 checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**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 # 250403

Invoice Date: 06/12/2012 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

SWISHER #7  
34680  
8-16S-1W  
06-02-12  
KS

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	75.00	19.2000	1440.00
1110A	KOL SEAL (50# BAG)	375.00	.4600	172.50
1107A	PHENOSEAL (M) 40# BAG)	75.00	1.2900	96.75
4104	CEMENT BASKET 5 1/2"	1.00	229.0000	229.00
4130	CENTRALIZER 5 1/2"	4.00	48.0000	192.00
4255	TYPE B BASKET SHOE 5 1/2	1.00	1320.0000	1320.00
4406	5 1/2" RUBBER PLUG	1.00	70.0000	70.00

Description	Hours	Unit Price	Total
520 CEMENT PUMP	1.00	1030.00	1030.00
520 EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
611 TON MILEAGE DELIVERY	330.40	1.34	442.74

Parts: 3520.25 Freight: .00 Tax: 256.98 AR 5569.97  
 Labor: .00 Misc: .00 Total: 5569.97  
 Sublt: .00 Supplies: .00 Change: .00

Signed Pd 6-14-12 ck# 7198 Date \_\_\_\_\_

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 PONCA CITY, OK 580/762-2303 OAKLEY, KS 785/672-2227 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 GILLETTE, WY 307/686-4914



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 34680

LOCATION Eureka

FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API # 15-169-20336

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-2-12	7922	Swisher #7	8	16S	1W	Saline
CUSTOMER			C+G Oris Rig #2			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
P.O. Box 136			520	Allen B.		
CITY			611	Chris M.		
STATE						
ZIP CODE						
Roxbury						
KS						
67476						

JOB TYPE L/S O HOLE SIZE 7 7/8" HOLE DEPTH 2649' CASING SIZE & WEIGHT 5 1/2" 15.5# NEW  
 CASING DEPTH 2643' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6# SLURRY VOL 24 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 2.5  
 DISPLACEMENT 62.5 Bbl DISPLACEMENT PSI 600 PSI 1000 6mp plug RATE 5 BPM

REMARKS: Safety meeting - Rig up to 5 1/2" casing. Set basket shoe @ 900 PSI. Pump 15 Bbl fresh water ahead. Mixed 75 sacks thickest cement w/ 5# Kal-seal /sk + 1# phenacetal /sk @ 13.6# /gal yield 1.75 shut down, washout pump + lines, release 5 1/2" rubber plug. Displace w/ 62.5 Bbl fresh water. Final pump pressure 600 PSI. Pump plug @ 1000 PSI. wait 2 mins. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down.

Note: Welded basket shoe to 1st joint centralizers on #1, 4, 7, 10 based on job #2 "THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	80	MILEAGE	4.00	320.00
1126A	75 sacks	thickest cement	19.20	1440.00
1110A	375#	5# Kal-seal /sk	.46	172.50
1107A	75#	1# phenacetal /sk	1.29	96.75
5407A	4.13	ton mileage bulk trix	1.34	442.74
4104	1	5 1/2" cement basket	229.00	229.00
4130	4	5 1/2" x 7 7/8" centralizers	48.00	192.00
4255	1	5 1/2" Type B basket shoe w/ float	1320.00	1320.00
4406	1	5 1/2" top rubber plug	70.00	70.00
			subtotal	5312.99
			SALES TAX 7.3%	256.98
			ESTIMATED TOTAL	5569.97

Revin 3737

250403

AUTHORIZATION [Signature]

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.



**CONSOLIDATED**  
Oil Well Services, LLC

**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 # 250853

Invoice Date: 06/27/2012 Terms: 0/0/30,n/30

Page 1

SCOTT'S WELL SERVICE, INC.  
P.O. BOX 136  
ROXBURY KS 67476  
(785)254-7828

SWISHER #7  
34862  
8-16S-1W  
06-25-12  
KS

Part Number	Description	Qty	Unit Price	Total
3107	15% HCL	250.00	2.1000	525.00
3122	AMMONIUM BIFLORIDE (CRYS	50.00	3.7000	185.00
3134	SURFACE TENSION REDUCER	1.00	36.0000	36.00
3166	ACID INHIBITOR	1.00	50.0000	50.00
3171	IRON CONTROL	1.00	40.0000	40.00
3175	NON-IONIC NON EMUL	1.00	33.0000	33.00
Description		Hours	Unit Price	Total
443	ACID PUMP CHARGE (1500 GALLON)	1.00	840.00	840.00
443	ACID EQUIPMENT MILEAGE	80.00	4.00	320.00

Parts: 869.00 Freight: .00 Tax: .00 AR 2029.00  
Labor: .00 Misc: .00 Total: 2029.00  
Sublt: .00 Supplies: .00 Change: .00

Signed Pd 7-2-12 Ck# 7222 Date \_\_\_\_\_

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

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785/672-2227

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914



TICKET NUMBER 34002  
 LOCATION Eureka 170  
 FOREMAN Dan Butler

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

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-25-12	7922	Swisher # 7	8	16 S	1 W	Saline
CUSTOMER			TRUCK #			
Mailing Address			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			

JOB TYPE acid  HOLE SIZE \_\_\_\_\_ HOLE DEPTH 2649' CASING SIZE & WEIGHT 5 1/2"  
 CASING DEPTH 2643' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER open hole  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 5 bbls over DISPLACEMENT PSI 275# MIX PSI \_\_\_\_\_ RATE 1/4 to 1/2 bpm

REMARKS: rig up on 5 1/2 casing pumped 250gals mud acid & lease water. well loaded 2 bbls early. stage pressure up to 625# well start to feed at 1/3 bpm pressure fall to 350#, acid in open hole increased rate to 1/2 bpm 275# pumped 5 bbls over casing vol. ISDP 50#, 2 min on vacuum rig down job complete.

*Thank you*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE	840.00	840.00
5306	80	MILEAGE	4.00	320.00
3107	250gals	15% HCL acid	2.10	525.00
3122	50#	Ammonium BiFluoride (madacid)	3.70	185.00
3134	1gal	surface Tension reducer	36.00	36.00
3166	1gal	Inhibitor	50.00	50.00
3171	1gal	Iron Control	40.00	40.00
3175	1gal	non-Emuls.	33.00	33.00
			sub total	2029.00
			SALES TAX	0
			ESTIMATED TOTAL	2029.00

Rawin 3737

250803

AUTHORIZATION Mr Scott TITLE \_\_\_\_\_ DATE 6-25-12

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 for