



KANSAS CORPORATION COMMISSION 1094292
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 # 31486
Name: Horton, Jack
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>7/11/2012</u>	<u>7/18/2012</u>	<u>7/21/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32248-00-00
Spot Description: _____
NW NW SE NW Sec. 24 Twp. 33 S. R. 14 East West
1540 Feet from North / South Line of Section
1540 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Wiley Well #: 1
Field Name: _____
Producing Formation: Bartlesville
Elevation: Ground: 810 Kelly Bushing: 815
Total Depth: 1264 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1216
feet depth to: 0 w/ 135 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 300 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 Garcia Date: 09/21/2012



1094292

Operator Name: Horton, Jack Lease Name: Wiley Well #: 1
 Sec. 24 Twp. 33 S. R. 14 East West County: Montgomery

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Bartlesville	1112 -302
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Gamma Ray Neutron			

CASING RECORD New 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	12.25	8.625	24	22	Portland	12	
Longstring	6.75	4.5	10.5	1216	Thickset	135	

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
2	1123-1130	7000lbs sand	1123-1130

TUBING RECORD: Size: 2.375 Set At: 1140 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift 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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>1123-1130</u>
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37597
LOCATION Ear Ka
FOREMAN Steve Adams

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 1A-125-32248

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-18-12		Well # 1	24	375	14E	W.C.

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan M		
11	Chris M		

CITY	STATE	ZIP CODE
Sedan	Ks	67361

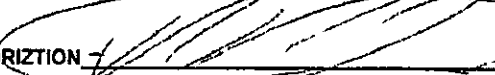
JOB TYPE Leak Test HOLE SIZE 6 3/4 HOLE DEPTH 1264 CASING SIZE & WEIGHT 4 1/2 11.60
 CASING DEPTH 1216 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 135 lbs SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 19 1/2 DISPLACEMENT PSI 600 MIX PSI 1100 RATE _____

REMARKS: Set cement in 4" casing. Break circulation with 400' pump stroke. Pump 400' Get flush with 1/2" Halls & shells. 135 lbs cement with 5" Kel Seal 5" post. Then seal with 19 1/2" displacement pump stroke. Release pressure plug ball. Good cement. Return to surface 1000' stop. Job complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5461	1	PUMP CHARGE	1030.00	1030.00
5466	50	MILEAGE	4.00	200.00
11261	135 sks	Thick 500 Cement	19.70	2659.50
11111	700'	Kel Seal 5" post	1.16	812.00
11571	14.5'	Phonoseal 1" post	1.29	187.05
11153	1100'	Get Flush	.21	231.00
1105	40'	Halls	44	1760.00
5467A	7.43 ton	Ten Mileage Bolt Truck	1.34	997.82
41404	1	4" Top Rubber Plug	45.00	45.00
		Total	5173.31	
		Discount -5%	258.66	
			4914.65	
				Paid Check # 2334
				SubTotal
			6.3%	SALES TAX
				ESTIMATED TOTAL

Ravin 3737

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.