



KANSAS CORPORATION COMMISSION 1094191
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 # 32278
Name: Tengasco, Inc.
Address 1: 1327 NOOSE RD
Address 2: PO BOX 458
City: HAYS State: KS Zip: 67601 + 9744
Contact Person: Gary Wagner
Phone: (785) 625-6374
CONTRACTOR: License # 34410
Name: American Pulling Service
Wellsite Geologist: N/A
Purchaser: N/A

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: Tengasco, Inc.
Well Name: Ridgeway #3
Original Comp. Date: 09/30/1980 Original Total Depth: 3928
 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 #: D19988
 ENHR Permit #: _____
 GSW Permit #: _____

09/05/2012 09/05/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-195-20695-00-01
Spot Description: _____
SW SW NE NE Sec. 32 Twp. 12 S. R. 21 East West
4217 Feet from North / South Line of Section
1044 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: RIDGEWAY Well #: 3
Field Name: Spring Creek
Producing Formation: Cedar Hills
Elevation: Ground: 2231 Kelly Bushing: 2225
Total Depth: 1360 Plug Back Total Depth: 1337
Amount of Surface Pipe Set and Cemented at: 253 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
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: 09/21/2012



1094191

Operator Name: Tengasco, Inc. Lease Name: RIDGEWAY Well #: 3
 Sec. 32 Twp. 12 S. R. 21 East West County: Trego

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 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	N/A	
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 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	28	253	60/40	165	3%CC, 2% gel
Production	7.875	5.5	14	1616	Halco Lite/ Corr	350	3%CC, 2% gel
Liner	7.785	4.5	11.6	1359	60/40	225	4% gel, 0.7%cd31

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	1290-1337		

TUBING RECORD: Size: 2-3/8 Set At: 1272 Packer At: 1272 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)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____
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ALLIED OIL & GAS SERVICES, LLC 056513

REMIT TO NO. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>8-29-12</u>	SEC. <u>32</u>	TWP. <u>12</u>	RANGE <u>21</u>	CALLED OUT	ON LOCATION	JOB START <u>4:00 pm</u>	JOB FINISH <u>4:30 pm</u>
<u>Ridgway LEASE</u>	WELL # <u>35WD</u>	LOCATION <u>Riga KS 36.51W 1/2 N Winto</u>			COUNTY <u>Trego</u>	STATE <u>KS</u>	
<input checked="" type="radio"/> OLD <input type="radio"/> DR NEW (Circle one)							

CONTRACTOR APS OWNER _____

TYPE OF JOB liner

HOLE SIZE 5/8" T.D. 1616

CASING SIZE 4 1/2" 11.6" DEPTH 1359

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 0

PERFS. _____

DISPLACEMENT 21 bbl

EQUIPMENT Bob S

PUMP TRUCK CEMENTER Robert Y

417 HELPER Woody O.

BULK TRUCK _____

473 DRIVER Walter K

BULK TRUCK _____

_____ DRIVER _____

CEMENT

AMOUNT ORDERED 250 60/40 4% gal. 772.31

USED 20.5

COMMON	<u>135</u>	@ <u>16.25</u>	<u>2193.75</u>
POZMIX	<u>90</u>	@ <u>8.50</u>	<u>765.00</u>
GEL	<u>8</u>	@ <u>21.25</u>	<u>170.00</u>
CHLORIDE		@	
ASC		@	
LD=31	<u>150</u>	@ <u>9.35</u>	<u>1402.50</u>
DeFouler	<u>25</u>	@ <u>8.90</u>	<u>222.5</u>
		@	
		@	
		@	
		@	
		@	
HANDLING	<u>263.33 ft³</u>	@ <u>2.10</u>	<u>553.00</u>
MILEAGE	<u>235.9275 +/m</u>	@ <u>2.35</u>	<u>554.57</u>
			TOTAL <u>5861.32</u>

REMARKS:

can 38 ft of 4 1/2" 11.6" csg pumped 100 bbl of mud mixed 45 bbl (225 lbs 60/40 4% gal. 77% 60-91) displace 21 bbl of water shut in with 600# of pressure wash up

Cement circulated to surface

CHARGE TO: Tregasco

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>1050</u>
EXTRA FOOTAGE	@	
MILEAGE <u>21 HVML</u>	@ <u>7.00</u>	<u>147.00</u>
MANIFOLD	@	
<u>21 LVML</u>	@ <u>4.00</u>	<u>84.00</u>
	@	
TOTAL <u>1281</u>		

To: Allied Oil & Gas Services, LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

Rubber plug	@	<u>50.00</u>
	@	
	@	
	@	
	@	
TOTAL <u>50.00</u>		

PRINTED NAME _____

SIGNATURE Hany Wagoner

SALES TAX (if Any) 489.07

TOTAL CHARGES 7192.32

DISCOUNT 20/20 1831.24 IF PAID IN 30 DAYS

4164 5361.08 BS 8-30
before tax