



KANSAS CORPORATION COMMISSION 1096290
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>8/2/2012</u>	<u>8/10/2012</u>	<u>9/19/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32250-00-00
Spot Description: _____
SW NW SE NE Sec. 2 Twp. 34 S. R. 14 East West
3628 Feet from North / South Line of Section
1301 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Melander Well #: 37 SWD
Field Name: _____

Producing Formation: Arbuckle
Elevation: Ground: 882 Kelly Bushing: 886
Total Depth: 1997 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 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: 1719 w/ 225 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: NAOMI JAMES Date: 10/08/2012



1096290

Operator Name: Horton, Jack Lease Name: Melander Well #: 37 SWD
 Sec. 2 Twp. 34 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 (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	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Arbuckle	1720	-838
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:				
Gamma Ray Neutron				

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	12.25	8.625	24	20	Portland	12	
Longstring	6.75	4.5	10.5	1719	60/40 Pozmix	225	

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
		1500 gallons Hcl	1741-1997

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>1701</u>	Packer At: <u>1701</u>	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 <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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 37832
LOCATION Eureka, KS
FOREMAN Shannon Fack

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-32250 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-13-12		W. Side - Haven # 375WD	2	34 S	14 E	MG
CUSTOMER <u>Jack Horton</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 97</u>			<u>445</u>	<u>Dave G</u>		
CITY <u>Jedan</u>			<u>611</u>	<u>Joey K</u>		
STATE <u>KS</u>			<u>637</u>	<u>Chris M</u>		
ZIP CODE <u>67361</u>						

JOB TYPE Longstring HOLE SIZE 6 7/8" HOLE DEPTH 1741' CASING SIZE & WEIGHT 4 1/2" @ 10.5 lb
 CASING DEPTH 1719' 6" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8 SLURRY VOL 60 Bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 27 3/4 DISPLACEMENT PSI 800 MIX PSI Bump Plug @ 1200 RATE 5 BPM

REMARKS: wash down 30' with Rig mud pump, Rig up to 4 1/2" casing, Break circulation w/ 5 Bbl water, mixed 400# Gel flush with hulls, 5 Bbl spacer. Mixed 225 sks 60/40 Dormit cement with 4% gel 2% calcium & 1# phenoseal/sk @ 12.8 #/gal, shut down wash out pump & lines & displace with 27 3/4 Bbl water, good circulation @ all times, final pumping pressure @ 800 PSI, bumped plug to 1700 PSI, Flood & plug held good. Cement was getting to surface as plug landed, Hole fell back @ least 30' while we washed up. Job complete.

// Thanks Shannon & crew //

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	60/40 portland cement	12.55	2823.75
118B	775 #	gel @ 4%	.21	162.75
1102	400 #	Calcium @ 2%	.74	296.00
1107A	225 #	phenoseal @ 1#/sk	1.29	290.25
118B	400 #	gel flush	.21	84.00
1105	40 #	Cottonseed Hulls	.44	17.60
	9.67 Tons	Ton mileage bulk Truck	1.34	648.22
1123	3000 gal	city water	16.50/1000	49.50
5502C	5 Hours	80 Bbl Vac Truck	90.00	450.00
4404	1	4 1/2" Top Rubber Plug	45.00	45.00
		6334.50		
	-5%	316.73		
		= 6017.77 Total		
		6.39%		
		Sub Total		6097.07
		SALES TAX		237.43
		ESTIMATED TOTAL		6334.50

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.