



KANSAS CORPORATION COMMISSION 1085149
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 # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067
Contact Person: BOB REUSCH
Phone: (785) 242-2043
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
Wellsite Geologist: NONE
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 #:

01/18/2012	01/19/2012	06/25/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-121-28973-00-00
Spot Description:
SE NE NE SE Sec. 5 Twp. 17 S. R. 22 East West
2120 Feet from North / South Line of Section
165 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Miami
Lease Name: REYNOLDS Well #: 15

Field Name:
Producing Formation: SQUIRREL
Elevation: Ground: 1127 Kelly Bushing: 1127
Total Depth: 723 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:
feet depth to: w/ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 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

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: 11/19/2012



1085149

Operator Name: Reusch Well Service, Inc.
 Sec. 5 Twp. 17 S. R. 22 East West

Lease Name: REYNOLDS Well #: 15
 County: Miami

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 Yes No
 (Attach Additional Sheets)

Log Formation (Top), Depth and Datum Sample

Samples Sent to Geological Survey Yes No

Name SQUIRREL Top 682 Datum 692

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

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	9.875	7	20	20	PORTLAND	6	
PRODUCTION	5.625	2.875	6	717	50/50 POZ	110	

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				

PERFORATION RECORD - Bridge Plugs Set/Type
 Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used)

Shots Per Foot	Footage	Acid, Fracture, Shot, Cement Squeeze Record	Depth
3	682-692		

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

Date of First, Resumed Production, SWD or ENHR. 06/25/2012 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:

Vented Sold Used on Lease
 (If vented, Submit ACO-18.)

METHOD OF COMPLETION:

Open Hole Perf. Dually Comp. Commingled
 (Submit ACO-5) Other (Specify)

PRODUCTION INTERVAL:

