

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

085141

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

Address 1: PO BOX 520 Address 2: 2470 Feet from North 515 Feet from North 518 Feet fr		API No. 1515-121-28976-00-00					
Name: Reusch Well Serv	ice, Inc.		Snot Description:				
Address 1: PO BOX 520							
	State: KS Z	ip: <u>66067</u> +	2470 Feet from North / South Line of Section				
Phone: (785) 242-2043			Footages Calculated from Nearest Outside Section Corner:				
CONTRACTOR: License # 337	734	- - <u></u> <u></u>					
Name: Hat Drilling LLC			Lease Name: REYNOLDS 18				
Wellsite Geologist: NONE							
Di waka			Producing Formation: SQUIRREL				
Designate Type of Completion:							
✓ New Well Re	e-Entry	Workover	Total Depth: 735 Plug Back Total Depth:				
Gas D&A OG CM (Coal Bed Methane) Cathodic Other (Cor	ENHR GSW Ge, Expl., etc.):	SIGW	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: 728				
If Workover/Re-entry: Old Well In	fo as follows:		w/ sx cmt.				
Operator: Well Name:		·	Drilling Fluid Management Plan (Data must be collected from the Research Dis)				
Original Comp. Date:	Original To	otal Depth:					
	Conv. to	GSW	Dewatering method used: Evaporated				
			i				
Dual Completion	Permit#:	· <u> </u>	Operator Name:				
SWD	Permit #:		Lease Name: License #:				
ENHR			Quarter Sec. Twp. S. R. East West				
GSW			County: Permit #:				
01/17/2012 01/18/2		06/25/2012					
Spud Date or Date Rea Recompletion Date	ched TD	Completion Date or Recompletion Date					

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 compiled with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY	ļ
Letter of Confidentiality Received Date:	
Confidential Release Date: ✓ Wireline Log Received Geologist Report Received UIC Distribution ALT I ✓ II I III Approved by: Dearna Garrisor Date: 11/16/2012	

Side Two



1085141

<u>_</u>	leusch Well Sen I7 _{S. R.} 22		st _] West			REYNOLD	<u>s</u>	Well #;1	8
INSTRUCTIONS: stime tool open and	Show important tops closed, flowing and ates if gas to surfac	s and base of shut-in pres	of formations sures, wheth	penetrated	ounty: Mia d. Detail al pressure re ach extra s	cores. Report	all final copies of o el, hydrostatic pre ce is needed. Att	drill stems tests ssures, bottom ach complete c	giving interval tested, hole temperature, fluic opy of all Electric Wire
Drill Stem Tests Take		Ľ:	Yes ∑ No			Log Format	ion (Top), Depth a	and Datum	Sample
Samples Sent to Ge	eological Survey	<u>[.]</u>	Yes <u>√</u> No			me		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitt (If no, Submit Cop		[] [] []	Yes √No Yes No		SQU	IIRREL		673	690
List All E. Logs Run:									
GAMMA RAY NEL	JTRON				İ				
1	·	Rep		IG RECORI		lew 🔽 Used termediate, produc	tion ate	· · · ·	
Purpose of String	Size Hole Drilled	Si	ze Casing t (In O.D.)	, V	Veight os. / Ft,	Setting Depth	Type of Cement	# Sacks	Type and Percent
SURFACE	9.875	7		20		20	PORTLAND	Used 6	Additives
PRODUCTION	5.625	2.875		6		728	50/50/POZ	1112	
						 	+	+	
	r		ADDITION	AL CEMEN	TING / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Туре	of Cement	i	ks Used			ercent Additives	
Protect Casing Plug Back TD Plug Off Zone	-	↓ ↓							
Shots Per Foot	PERFORAT	ION RECOR	D - Bridge Plu ach Interval Pe	gs Set/Type	- — — e	Acid, Frac	cture, Shot, Cement	Squeeze Record	
3	673-690					(An	nount and Kind of Mat	erial Used)	Depth
:		·	· ·		·- · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· ····	- !
· · · · ·	· ·- · · · · · · · · · · · · · · · · ·								
TUBING RECORD:	Size:	Set At:		Packer A	At:	Liner Run;	 .		
Date of First, Resumed P	Production, SWD or EN	IHR.	Producing Met				Yes No		·
Estimated Production	— — — — —	Bbls.	Flowing — — Gas	Pumpir Mcf			her (Explain)		
Per 24 Hours	·			INGI	Water	Вы	s. Ga	s-Oil Ratio	Gravity
DISPOSITION		¬		METHOD OF				PRODUCTION	INTERVAL:
(If vented, Subm	Used on Lease		en Hole	Perf.	Dually C		ningled t ACO-4)		



TICKET NUMBER 36857

LOCATION Office RS

FOREMAN Fred Maden

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

FIELD TICKET & TREATMENT REPORT

020-431-3210	01 800-407-8076	,		CEMEN	1.			•
DATE	CUSTOMER#	L	L NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
1/18/12	7069	Reynolo	ls #18		SE 5	17	aa	mi
CUSTOMER	, , ,)	•	•	1	10.0		State of the of the	G 0 7 0 8 13 42 5 - 20
	sch Oil	Well	,		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR	ESS			. [506	FREMAD	Safeta	nex
P-0	Box 5	20 STATE	1]	495	HARBEC	KLB	
CITY	_		ZIP CODE	1 [370	GARMOO	GNI	-
Ottan	بمر	KS.	66065		548	RVASIN	125	
JOB TYPE	wysty pu	HOLE SIZE	5 %	HOLE DEPTH	735	CASING SIZE & V		FUE
CASING DEPTH	1 723	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	-IT	SLURRY VOL_	<u> </u>	WATER gal/sk		CEMENT LEFT in	·	Pke
DISPLACEMEN'	T 4,2BBL	DISPLACEMEN	IT PSI	MIX PSI		RATE_5BP		
REMARKS: 🗸	herk cas	shoder	rth W/mi	ve lono	Mixxo	ung 100+		
410	ush. M	1x xx Pum	0 112	5/25	50/50 }	U	ement "	
Ce	neux to	Surfa	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mp+1.5	ozilliz (- 7	,
7	e" Rubbe		to cash		7 : 1	4 -		<u>ce</u>
	olease p	DVessu			ex Valu			
		<u> </u>	<u> </u>	V C J - /-10	sa valo	er Skyr	~ Cosk	}
							··	<u> </u>
							0.4	-
16	of Drillay						Modu	
	to Dillay						· · · · · · · · · · · · · · · · · · ·	<u> </u>
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of S	SERVICES or PRO	ODUCT	UNIT PRICE	TOTAL
5401		1	PUMP CHARG	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
5406	_		MILEAGE			495		103000
		2.2		r- J				N/C
5402	1. 40(1)	<u> </u>	(asorg	toolog	<u> </u>			N/c

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	/	PUMP CHARGE	75	103000
5406		MILEAGE		N/C
5402	727	Casing toologe		N/C
5407	1/2 Minimum	Ton Miles		175=
55020		80 BBL Vac Truck		13500
Ø 1/24		50/50 Por Mix Censex		122640
1118B	28€#	Premoun Ceal	-5.	60 48
4402		2/2" Robber Aby.		2800
		0		
`				. •
		70770		
1	,	104-137J		
avin 3737		7.53%	SALES TAX	9927
AUTHORIZTION	Bocker		ESTIMATED TOTAL	27545
TOTALONIA DON		TITLE	DATE	

l 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