



KANSAS CORPORATION COMMISSION 1098812  
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 # 33551  
Name: S & K Oil Production, Inc.  
Address 1: PO BOX 184  
Address 2:  
City: BLUE MOUND State: KS Zip: 66010 + 0184  
Contact Person: Steve Jackson  
Phone: ( 913 ) 756-2622  
CONTRACTOR: License # 33551  
Name: S & K Oil Production, Inc.  
Wellsite Geologist: NA  
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 #:  
8/15/2012 8/16/2012 9/4/2012  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-011-24035-00-00  
Spot Description: SE SW NW SE Sec. 18 Twp. 25 S. R. 22  East  West  
1485 Feet from  North /  South Line of Section  
2145 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Bourbon  
Lease Name: Page Well #: 16  
Field Name:  
Producing Formation: Bartlesville  
Elevation: Ground: 1010 Kelly Bushing: 0  
Total Depth: 700 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: 0  
feet depth to: 20 w/ 6 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: Daanna Garrison Date: 11/09/2012



1098812

Operator Name: S & K Oil Production, Inc.

Lease Name: Page

Well #: 16

Sec. 18 Twp. 25 S. R. 22  East  West

County: Bourbon

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  Log Formation (Top), Depth and Datum  Sample  
 (Attach Additional Sheets)

Samples Sent to Geological Survey  Yes  No Name Top Datum  
 Bartlesville 647 666

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/Ccl

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	10	7	6	22	One	6	None
Casing	5.06250	5.06250	6	693	One	70	None

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

Shots Per Foot	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: 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:

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:

