

Kansas Corporation Commission Oil & Gas Conservation Division

1125694

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
☐ New Well ☐ Re-Entry ☐ Workover	Total Depth: Plug Back Total Depth:
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	·
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to ENHR	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec TwpS. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date 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 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 Approved by: Date:						

Side Two



Operator Name:				Lease I	Name: _			_ Well #:			
Sec Twp	S. R	East	West	County	":						
INSTRUCTIONS: She time tool open and clo recovery, and flow rate line Logs surveyed. A	sed, flowing and shues if gas to surface te	t-in pressures st, along with	s, whether so final chart(s	hut-in pres	sure read	ched static level,	hydrostatic press	sures, bottom h	nole temp	erature, fluid	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)						og Formatio	n (Top), Depth ar	oth and Datum		Sample	
Samples Sent to Geol	ogical Survey	Yes	No		Nam	е		Тор	[Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy		Yes Yes Yes	No No No								
List All E. Logs Run:											
		Report a		RECORD	Ne	w Used	on, etc.				
Purpose of String	Size Hole Drilled			Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used		and Percent additives	
			ADDITIONAL	CEMENTI	NG / SQL	EEZE RECORD					
Purpose: Depth Type of Cement					# Sacks Used Type and Percent Additives						
Perforate Protect Casing	Top Bottom	7,750 000000									
Plug Back TD Plug Off Zone											
Flug On Zone											
	PERFORATI	ON RECORD :	- Bridge Plug	s Set/Type		Acid. Fra	cture, Shot, Cemen	t Saueeze Recor	d		
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfora				ated (Amount and I			Kind of Material Used)			
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No				
Date of First, Resumed	Production, SWD or EN	_	roducing Meth	nod:	ıg 🗌	Gas Lift C	Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity	
DISPOSITIO	ON OF GAS:		ħ.	METHOD OF	COMPLE	TION:		PRODUCTION	ON INTER	VAI ·	
Vented Sold		Оре	n Hole	Perf.	Dually	Comp. Cor	nmingled				
(If vented, Sub			or (Specify)		(Submit A	ACO-5) (Sub	mit ACO-4)				



LOCATION Ofdama KS
FOREMAN Fred Made

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WE	LL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
/1/6/12 CUSTOMER	7069	Frack	owiak & /	SW 16	17	22	mı
MAILING ADDRE	sch oil	Well		TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS			506	FreMad	Safet	MA
P.O.	Box 52	٥		495	HayBec	HB	1 // I
CITY		STATE	ZIP CODE	675	Kei Det	N N	
_Ottav	rua '	RS	66067	503	Day Dest	DD	
JOB TYPE Lan	igstring.	HOLE SIZE	ろりg HOLE DEPTI	H_ 850'		WEIGHT 27	"EUE
CASING DEPTH	6591	DRILL PIPE	TUBING			OTHER_	
SLURRY WEIGH	T	SLURRY VOL_	WATER gal/s	sk	CEMENT LEFT in		Ohty
DISPLACEMENT	3.83 BBL	DISPLACEME	NT PSI MIX PSI		RATE_5BP		0
REMARKS: R	ig run C	asing +	o Yo. Spot 30	55K3 (en	wix. Di		,
10	659 40	days	oft, Mix xp	mo 100 \$	Gol Flus	h, My	
Pan	up 99 St	45 50	50 for Mix Ce	ment 290		west to	
50 v4	Face Flu		sup + lines cl.	eau. Di	splace	275 11 Ru	5 low
plug	to gas	me Th	Pressure P	60 800 #	PS1. Rola	easo Dra	CCUPO
Loca	set Floe	I Val	ue. Shut, h ch	ising.		pre	320
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Hax	- Drillin				-truck	Made	
) ′	5				
ACCOUNT CODE	QUANITY	or UNITS	DESCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
540(· · · · · · · · · · · · · · · · · · ·	l	PUMP CHARGE		495		103000
5406	2	15mi	MILEAGE		495		10000
5402	60	79	Casing footag	10			NIC
5407	Minim	nom	Jon Miles		503		35.00
1550RC		2 hrs	80 BBL Vac	Truck	675		18000
1/24	/	34545	50/50 Por Mi	2 Censen	1		146730
WISB	্ব	25#	Promise C	.0			170,
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UTHORIZTION_	1/1/	11/	TITLE			DATE .[00 7/00/9
	hat the naymon	t torme unl	ess specifically amended				

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

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