

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1125934

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:		
Address 2:		Feet from North / South Line of Section
City:	State: Zip:+	Feet from East / West Line of Section
		Footages Calculated from Nearest Outside Section Corner:
		County:
		Lease Name: Well #:
		Field Name:
5		
		Producing Formation:
Designate Type of Completion:	_	Elevation: Ground: Kelly Bushing:
New Well	e-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW	SWD SIOW	Amount of Surface Pipe Set and Cemented at: Fee
Gas D&A	ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG	GSW Temp. Abd.	If yes, show depth set: Feel
CM (Coal Bed Methane)		If Alternate II completion, cement circulated from:
Cathodic Other (Co	re, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well In	nfo as follows:	
Operator:		
Well Name:		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date:	Original Total Depth:	
Deepening Re-per		Chloride content: ppm Fluid volume: bbls
	Conv. to GSW	Dewatering method used:
Plug Back:	Plug Back Total Depth	Location of fluid disposal if hauled offsite:
	Permit #:	Operator Name:
Dual Completion	Permit #:	Operator Name:
SWD	Permit #:	Lease Name: License #:
	Permit #:	Quarter Sec TwpS. R East Wes
GSW	Permit #:	County: Permit #:
Spud Date or Date Recompletion Date	eached 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 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: Date:							

	Side Two	1125934
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	

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 She	eets)	Yes No	L	-	n (Top), Depth an	d Datum Top	Datum
Samples Sent to Geolog	gical Survey	Yes No	Nam	C		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	<pre> Yes □ No Yes □ No Yes □ No</pre>					
List All E. Logs Run:							
		CASING		ew Used			
		Report all strings set-	conductor, surface, inte	ermediate, producti	on, 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

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record I of Material Used)	Depth		
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	λ .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITION OF GAS:		METHOD OF COMPLETION		TION:		PRODUCTION INT	ERVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202



TICKET NUMBER_	34964
LOCATION Officer	
FOREMAN Casey	Kennedes

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

FIELD TICKET & TREATMENT REPORT

020-401-0210 01 000 401 0010	,	OLMLIN				
DATE CUSTOMER #	WELL NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10/10/12 70:09	Grandon # 24		SW 9	17	22	MI
CUSTOMER			<u>. 1978.</u> 1970		1975. 1975	
Revsch Oil Wel	<u></u>	_	TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			481	Casten	V Sala	Heeting
PO Box S20			495	KeiCar	V	
CITY	STATE ZIP CODE		503	Dan Det	V	
	KS lebocot		505-7106	Kei Det		
JOB TYPE long string	HOLE SIZE 548"	HOLE DEPTI	H_ '700'	CASING SIZE & V	VEIGHT 27/5	" EUE
CASING DEPTH 686	DRILL PIPE				OTHER	
SLURRY WEIGHT						
DISPLACEMENT 3,99 6615	DISPLACEMENT PSI	MIX PSI		RATE 5.5	bom	
REMARKS: held safely	meeting established	1 circula	tion, unixed	toursed	100 # Pa	unium Gol
followed by 10 bbls	fresh water nixe	dtain	pad 112 :	the sorro P	ozník ce	ment w/
270 gel per sk. c						
plug to casing TD	w/ 3.99 bbs fres	h water	onoscured	to 800 1	PSI relea	cod pression
shot in casing.			//		0	Y
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					X	
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODU	СТ	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE			1030.00
5406	20 mi	MILEAGE			80,00
5402	1000 (086)	rasing fastage			
5407	mininum	ton mileage			350.00
5501 C	1.5 hrs	transport			168.00
1124	112 sts	Sto Poznix cement			1226.40
11183	288 4	Premium Gel			60.48
4462	1	21/2" rubber plug			28.00
}					1
				- 20	
					1111
				aller Aller and	4
				and a second and a second a se	
			1		09.44
Ravin 3737			7.55%	SALES TAX	99.27
Flaght 3797	Acto	A Pres		TOTAL	3042.15
AUTHORIZTION	15a Kan	2 TITLE TRSS,		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.

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