

Kansas Corporation Commission Oil & Gas Conservation Division

1125947

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 🔲 East 🗌 West
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 SWD 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?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	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 Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:						

Side Two

1125947

Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log	y Formation	n (Top), Depth a	oth and Datum		Sample	
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone		Type of Co	Type of Cement		Used	Type and Percent Additives				
Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo				Set/Type Acid, Fracture, Shot, irated (Amount and K				Cement Squeeze Record ind of Material Used) De		
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours Oil Bbls. Gas			Mcf				,		Gravity	
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTION INTERVAL:		
Vented Sold	Used on Lease	Open	Hole Specify)	Perf.	Dually (nmingled mit ACO-4)			



LOCATION OHawa, KS
FOREMAN Casey Kennedy

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

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676		CEMEN	IT			
DATE	CUSTOMER#	WELL NAME & NU	MBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/12/12	7069	Grandon # 2	5	Sw9	17	22	MI
CUSTOMER	1 00111	١٨		**************************************			
MAILING ADDR	hoil We	XX		TRUCK#	DRIVER	TRUCK#	DRIVER
PO Bo	-			481	Casken	~ Safe	4 Madina
CITY .	74 020	STATE ZIP CODE	_	lelele	GarMoo	~	7
011		1/-	7	510	SetTuc	~	
OHawa		1112		505-1106	Jim Mea	V	
JOB TYPE O	" - "	HOLE SIZE 57/8"	HOLE DEPTH	1_100'	CASING SIZE & \	WEIGHT 27/8	" EUE
CASING DEPTH		DRILL PIPE	TUBING			OTHER	
SLURRY WEIGH	LI CALLI	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in		
		DISPLACEMENT PSI	MIX PSI		RATE 4,56		
- 1 /1 //	le sately,	1 4/	ished circ	culation, u	rixed t pu	word 100	H Preus
A	wed by 10	bbls Fresh water	er, nixec	tt pumpe	d 117 sles	SO/CO POS	zuix.
cernent i	J/ 26 get	per sk, cemen		ace, flushe	d pours	1 -	uped 21/2
rubber dug	to casing	7Dw/ 4.02 bb	ls tresh		essured to	SOO P	SI released
pressure,	shot in cas	ing.	127				S. Telesto
1					\wedge		
						, 1)	
						120	
		4				1	
	- And Andrews					-	
ACCOUNT CODE	QUANITY o	or UNITS D	ESCRIPTION of	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHAR				OMIT PRICE	TOTAL
5406	on leas						1030,00
5402	1692'		L				
5407	1/2 mini		tootage				
5501C	/ 1	1					175.00
32016	_ / hr	transpo	054				112.00
	-			***			
11011	1	9 27 72					
1124	117 skg	/50	ozuja o	quent			1281.15
11183	297#	Premie	in Gel				62.37
4402	l	245" (Ubber plus				28,00
)			N 8.

				8		1	
					gen and		
					131	W 40 200	THE R. O. L.
					19,000		
						SALES TAX	103.55
vin 3737	7	1				ESTIMATED	
UTHORIZTION	120	Lever	AG	955		TOTAL	2792.07
OTHORIZION_	V J	- men	IITLE/	()		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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