

Kansas Corporation Commission Oil & Gas Conservation Division

1125902

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 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: Onv. 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 #:				
GGW Fellill #.					
Spud Date or Date Reached 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



Operator Name:			Lease Name:			_ Well #:		
Sec Twp	S. R	East West	County:					
time tool open and clo	osed, flowing and shu es if gas to surface te	nd base of formations pe it-in pressures, whether est, along with final char well site report.	shut-in pressure rea	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid	
Drill Stem Tests Taker (Attach Additional S		Yes No		_og Formatio	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geo	logical Survey	Yes No	Nar	ne		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submittee (If no, Submit Copy		Yes No Yes No Yes No						
List All E. Logs Run:								
				lew Used				
D (0)	Size Hole	Report all strings set	t-conductor, surface, in Weight	termediate, product	on, etc. Type of	# Sacks	Type and Percent	
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives	
Purpose:	Donth		AL CEMENTING / SQ	UEEZE RECORD				
Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Used Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Shots Per Foot PERFORATION RECORD - Bridge Plugs S			ıgs Set/Type	Set/Type Acid, Fracture, Shot, C		ement Squeeze Record		
Specify Footage of Each Interval Perfo			erforated	(Ai	mount and Kind of Ma	aterial Used)	Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	iter B	bls. (Gas-Oil Ratio	Gravity	
	I							
DISPOSITION OF GAS: METHOD OF CON								
Vented Sold		Open Hole			nmingled mit ACO-4)			
(If vented, Sui	bmit ACO-18.)	Other (Specify)						



LOCATION Offawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WEL	L NAME & NUM	BER	SECTION	TOWNSHIP	DAMOS	
9/25/12 CUSTOMER	7069	Hendri	4 LI			 	RANGE	COUNTY
CUSTOMER		TI CALOTY			NM 30	1 14	22	Vo
MAILING ADDR	sch Oil	Well]	TRUCK#	DRIVER	TRUCK#	
ADDI-	^				506	Fre Mad		DRIVER
CITY P.O	Box 5	20			495	HarBec	//	My
3000 70.00 W		STATE	ZIP CODE	1 [675	Kei Dex	HB	-
0440		KS	66067		558	BroMan	KD	
JOB TYPE	engstring	HOLE SIZE		HOLE DEPTH		CASING SIZE &	J.Bm	<u></u>
CASING DEPTH	1 4942'0	DRILL PIPE		TUBING		STORIG OFFE &		EVE
SLURRY WEIGI		SLURRY VOL_		WATER gal/sk		CEMENTICET	OTHER	
DISPLACEMEN	J.5.47.38L	DISPLACEMEN	T PSI	MIV DCI		CEMENT LEFT I		Plug
REMARKS:	hick cosi	u death	w/wire	Ima E	4.1.1.1	RAIE J BP	W.	
m	x + Puma	100# (Sel Flus	1 1	o a blish	Gircale	Vion-	
Pos		4404.00.	0	N 1	surface	196 S	115 50/	50
150	is alean	1) 50	1000	11 0 1 1	per plug	Flosh.	sump +	
	essure	7 2	PSI.	z Kubi	per plug	to casi	ng TO	
	min. N		1 - 2	Mola	* moni	tor pre:	Sure fo	~
			elease p	1622 1 V	e to Sex	Float	Valve.	
	WIT IN C	asing,						
1.1	1 1 11					1.		
	at Drill	my		***************************************		Fuel V	Nadu	
ACCOUNT		$-\mathcal{U}_{-}$				V		
CODE	QUANITY o	r UNITS	DES	CRIPTION of S	ERVICES or PRO	DUCT	UNIT PRICE	TOTAL
5401		1	PUMP CHARGE			//	- IIII	TOTAL
5406	(-	7' '	MILEAGE			495		103000
5402	90		Cash	CV		495		12000
5407	Minim			too too				NIC
55020			Tono	Klives		358		35000
	OV.	ms	800	DL Vac	Truck	675		18000
			VI.					10
11711								
1124		65165	50/50 P	or Mix	mont			70
1115B	34	54	Premi	un. 110				159820
4402	-1		2/2 8	6ber 1	1/10			7245 2800
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in 3737		$\overline{}$				7.550/8	SALES TAX	127.80
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JTHORIZTION &	DOLI	KIMS	<u> </u>	TLE 10	25	SECOND STATE OF THE SECOND	TOTAL	3567 ^{0]}
knowledge th	at the payment	terms unless					PATE	

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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