



KANSAS CORPORATION COMMISSION 1132789
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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ 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: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> 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

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	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
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	R & W Energies, a General Partnership
Well Name	GRAY-DIVINE 2
Doc ID	1132789

Tops

Name	Top	Datum
Lansing/Kansas City	1190	-12
Base Lansing	1318	-140
Kansas City	1467	-289
Base Kansas City	1618	-440
Pawnee	1772	-594
Cattleman	2054	-876
Base Cattleman	2066	-888
Bartlesville Sand	2136	-958
Base Bartlesville	2196	-1028
RTD	2240	-1052



TICKET NUMBER 35563
 LOCATION Eureka
 FOREMAN Steve Head

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

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-073-24180

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-12	7263	Gray-Divine #2	23	24S	9E	Greenwood

CUSTOMER <u>R & W Energies</u>		
MAILING ADDRESS <u>P.O. Box 427</u>		
CITY <u>Madison</u>	STATE <u>Ks</u>	ZIP CODE <u>66860</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>485</u>	<u>Alan M</u>		
<u>515</u>	<u>Calin</u>		

JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH <u>451</u>	CASING SIZE & WEIGHT <u>8 5/8</u>
CASING DEPTH <u>40'</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>10'</u>
DISPLACEMENT <u>1.8 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE _____

REMARKS: Safety meeting. Rig up to 8 5/8 casing. Break circulation w/ fresh water. Mix 35sk Class A Cement w/ 3% CaCl2, 2% Gel. Displace with 1.8 bbls fresh water. Shut well in. Good cement return to surface. 1.8 bbl to pit. Job complete. Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	825.00	825.00
5406	15	MILEAGE	4.00	60.00
11045	35 sks	Class A Cement	14.95	523.25
1102	98 #	CaCl2 3%	.74	72.52
1118B	65 #	Gel 2%	.21	13.65
5407	1.65 hr	Ten m. Teage Bulk Truck	m/c	350.00
			SubTotal	1834.42
			SALES TAX <u>7.3%</u>	144.49
			ESTIMATED TOTAL	1978.91

AUTHORIZATION [Signature] TITLE AGENT DATE 10/23/2012

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



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 35613
LOCATION Eureka
FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT AP1 15-073-24180

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-28-12	7263	Gray-Divine # 2	23	243	9E	Greenwood

CUSTOMER		TRUCK #		DRIVER	
R & W Energies		485	Alan m		
MAILING ADDRESS		515	Calin		
P.O. Box 427		479	Ed		
CITY	STATE	ZIP CODE	452/1103	Jim	
Madison	KS	66860			

JOB TYPE Long String HOLE SIZE 7 7/8 HOLE DEPTH 2240' CASING SIZE & WEIGHT 4 1/2 17.60 #
 CASING DEPTH 2233.62 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT _____ DISPLACEMENT PSI 900* MIX PSI Bump Plug 1500* RATE _____

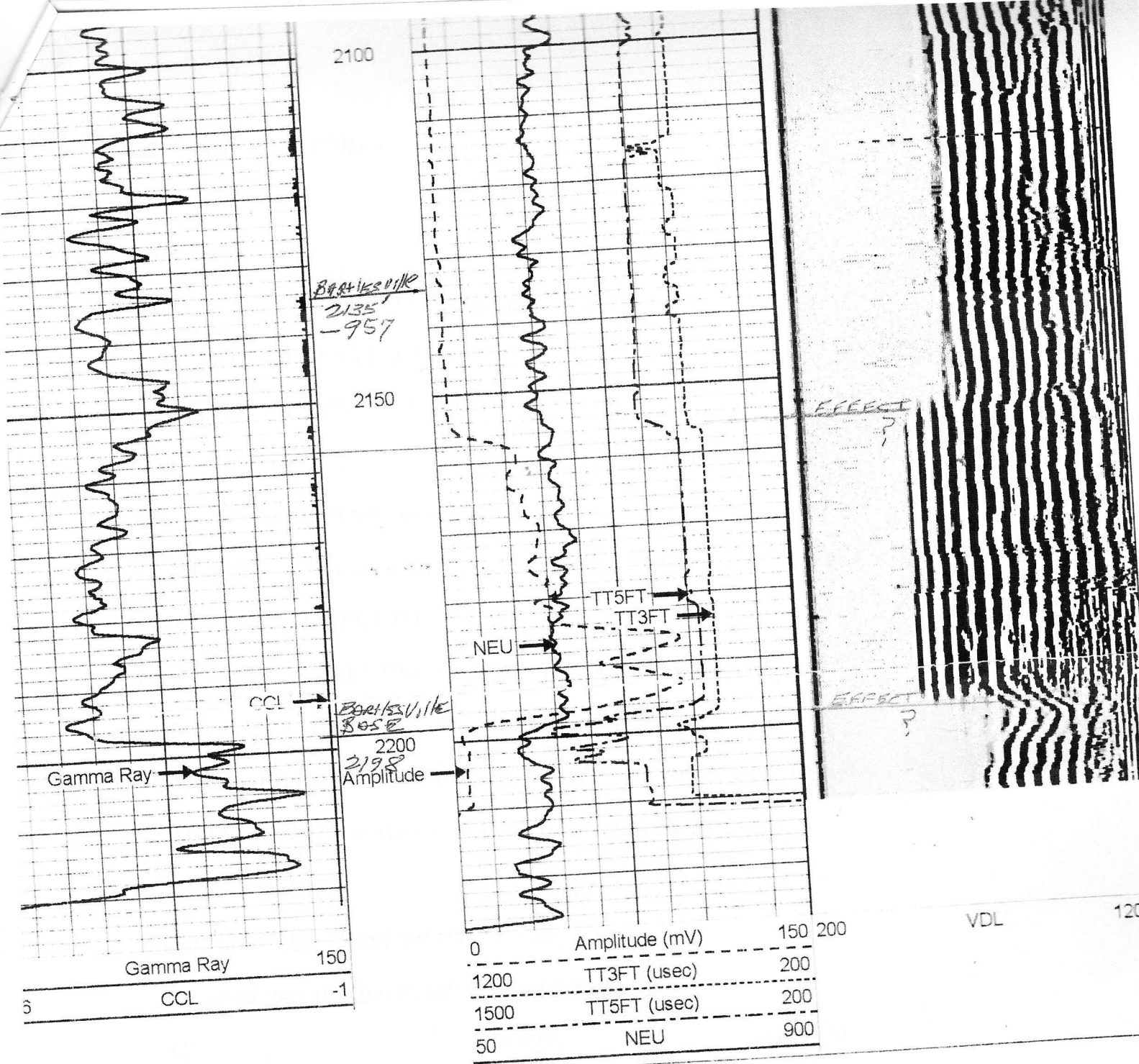
REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation w/ fresh water. Pump 100 bbls ahead. Mix 285 sks 60/40 permix cement w/ 8% Gel + 1" phenoseal. Tail in with 100 sks Thick cement w/ 5" Kol-seal + 1" phenoseal. Washout pump & lines shutdown. Release latch down plug. Displace with 34.9 bbls Freshwater. Final pumping pressure 900* Bump Plug 1500* wait 2 min. Release pressure. Plug held. Good cement returns to surface 10 bbl slurry to pit. Job complete Rig down

Centralizers AT 1-3-5-7-9
Basket #10 Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	15	MILEAGE	4.00	60.00
1131	285 sks	60/40 Permox Cement	12.55	3576.75
1118B	1960 #	Gel 8%	.21	411.60
1107A	285 #	Phenoseal 1" per/sk	1.29	367.65
1126A	100 SKS	Thick SAT cement	19.20	1920.00
1119A	500 #	Kol-Seal 5" per/sk	.46	230.00
1107A	100 #	Phenoseal 1" per/sk	1.29	129.00
5407	17.75	Tan Mileage Bulk Truck #515-#479	1.34	356.78
5501C	5 hrs	Water Transport	112.00	560.00
1123	6000 gallons	CITY WATER	16.50/1000	99.00
4201	1	4 1/2" Guide Shoe	115.00	115.00
4453	1	4 1/2" Latch down plug	232.00	232.00
4226	1	4 1/2" AFU Insert Float Valve	161.00	161.00
4103	1	4 1/2" Cement Basket	218.00	218.00
4129	5	4 1/2 x 7 7/8 Centralizers	42.00	210.00
		SubTotal		9676.78
		SALES TAX	7.3%	559.91
		ESTIMATED TOTAL		10236.69

AUTHORIZATION [Signature] TITLE Asst. DATE 10/28/2012

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CORNISH
 WIRELINE
 SERVICES, INC.
 CHANUTE, KANSAS

Company R & W ENERGIES
 Well GRAY-DIVINE #2
 Field THRALL-AAGARD
 County GREENWOOD SEC 23 TWP. 24S RGE. 9E
 State KANSAS Date 10-8-2012



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Oil Well Services, LLC

TICKET NUMBER 35613

LOCATION Eureka

FOREMAN Steve Mead

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

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CITY
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STATE
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ZIP CODE
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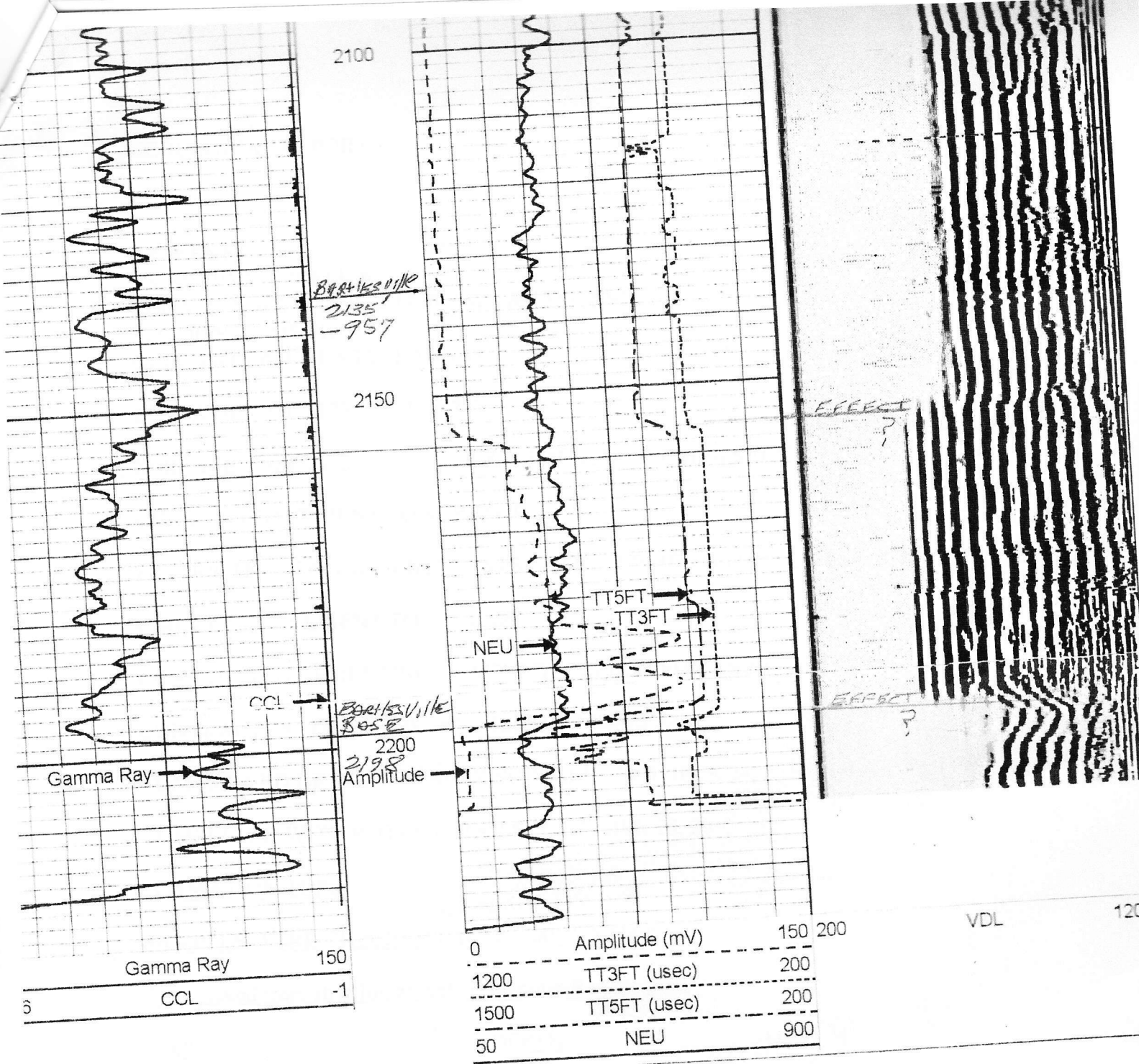
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 CHANUTE, KANSAS

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