



KANSAS CORPORATION COMMISSION 1104015
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 # 4951
Name: Claassen Oil and Gas, Inc.
Address 1: PO BOX 417
Address 2:
City: ESTES PARK State: CO Zip: 80517 + 0417
Contact Person: Dan Claassen
Phone: (970) 586-1885
CONTRACTOR: License # 32722
Name: Kerr Well Service, Inc.
Wellsite Geologist: None
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: Diamond Shamrock

Well Name: Ida Heinson 7

Original Comp. Date: 6/11/1958 Original Total Depth: 5933

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 #: _____

9/13/2012 9/21/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-119-10158-00-01

Spot Description:
NW SE NE Sec. 29 Twp. 33 S. R. 29 East West
1650 Feet from North / South Line of Section
990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Meade

Lease Name: IDA HEINSON Well #: 7

Field Name: Singley

Producing Formation: Morrow

Elevation: Ground: 2637 Kelly Bushing: 2647

Total Depth: 5933 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 955 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: Daanna Gamisx Date: 12/12/2012



1104015

Operator Name: **Classen Oil and Gas, Inc.**
 Sec. **29** Twp. **33** S. R. **29** East West

Lease Name: **IDA HEINSON** Well #: **7**
 County: **Meade**

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 Yes No Log Formation (Top), Depth and Datum Sample
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum
 Marmaton 5266
 Cores Taken Yes No Cherokee 5453
 Electric Log Run Yes No Atoka 5563
 Electric Log Submitted Electronically Yes No Morrow 5799
 (If no, Submit Copy) Chester 5921

List All E. Logs Run:
 Laterolog
 Microlaterolog

CASING RECORD New 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
Surface	12.25	9.375	32.3	955		500	
Production	8.25	5.25	15.5	5939		150	

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				

PERFORATION RECORD - Bridge Plugs Set/Type
 Specify Footage of Each Interval Perforated

Shots Per Foot	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	5861-67 Old perms.	
2	5844-48 New	Acidize 2500 gals. 7.5% FE
2	5830-38	As Above
2	5822-26	As Above
2	5812-16	As Above

TUBING RECORD: Size: **2.375** Set At: **5880** Packer At: **None** Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. **10/4/2012** Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1.5	0	0		

DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled Other (Specify)

METHOD OF COMPLETION: Dually Comp. (Submit ACO-5) Commingled (Submit ACO-4)

PRODUCTION INTERVAL:

(If vented, Submit ACO-18.)