

KANSAS CORPORATION COMMISSION 1105428
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 4441
Name: Reusch Well Service, Inc.
Address 1: PO BOX 520
Address 2:
City: OTTAWA State: KS Zip: 66067
Contact Person: BOB REUSCH
Phone: (785) 242-2043
CONTRACTOR: License # 33734
Name: Hat Drilling LLC
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:
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 #:

01/16/2012 1/18/2012 05/14/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-121-28980-00-00
Spot Description:
SW NE NE SE Sec. 5 Twp. 17 S. R. 22 ☒ East ☐ West
2295 Feet from North / ☒ South Line of Section
340 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW
County: Miami
Lease Name: REYNOLDS Well #: W15

Field Name:
Producing Formation: SQUIRREL
Elevation: Ground: 1123 Kelly Bushing: 1123
Total Depth: 728 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 723
feet depth to: 0 w/ 112 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 80 bbls
Dewatering method used: Evaporated

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: Deanna Garrison Date: 12/20/2012

1105428

Operator Name: Reusch Well Service, Inc.Lease Name: REYNOLDSWell #: W15Sec. 5 Twp. 17 S. R. 22 ☒ East ☐ WestCounty: Miami

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
 (Attach Additional Sheets)

☒ Log Formation (Top), Depth and Datum ☐ Sample

 Samples Sent to Geological Survey ☐ Yes ☒ No

 Name Top Datum
SQUIRREL 679 684

 Cores Taken ☐ Yes ☒ No

 Electric Log Run ☒ Yes ☐ No

 Electric Log Submitted Electronically ☒ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

GAMMA RAY NEUTRONCASING 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	9.875	7	20	20	PORTLAND	6	
PRODUCTION	5.625	2.875	6	723	50/50 POZ	112	

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 (Amount and Kind of Material Used)	Depth
1			679.5-694

 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		

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)		METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4) ☐ Other (Specify)		PRODUCTION INTERVAL:	
--	--	---	--	----------------------	--



CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER **36856**

LOCATION **Ottawa KS**

FOREMAN **Fred Mader**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/18/12	7069	Reynolds # W1-5	S4 5	17	22	M1
CUSTOMER Reusch Oil Well						
MAILING ADDRESS P.O. Box 520						
CITY Ottawa	STATE KS	ZIP CODE 66067				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			506	FREMAD	506	MA
			495	HARBEC	495	J
			370	GARMON	370	
			548	RYASIN	RS	

JOB TYPE **Long string** HOLE SIZE **5 7/8** HOLE DEPTH **735** CASING SIZE & WEIGHT **2 7/8 EUE**
CASING DEPTH **723** DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT **4 1/2 BBL** DISPLACEMENT PSI _____ MIX PSI _____ RATE **5 BBL/H**

REMARKS: **Check casing depth w/ wireline. Establish circulation. Mix Pump 100# Premium Gel Flush. Mix Pump 112 sks 50/50 Por. Mix Cement 2 7/8 Cui. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Robber Plug to casing TD. Pressure to 800# PSI. Hold pressure for a 30 min MIT. Release pressure to set float valve. Shut in casing.**

Hot Drilling

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030.00
5406	20 mi	MILEAGE	495	80.00
5402	723'	Casing Footage		NK
5407	1/2 Minimum	Ten Miles	548	125.00
5502C	1 1/2 hr	80 BBL Vac Truck	370	1135.00
1124	112 sks	50/50 Por Mix Cement		1226.40
1118B	288#	Premium Gel		60.48
4402	1	2 1/2" Robber Plug		25.00
247393				
7-55%				
SALES TAX				99.22
ESTIMATED TOTAL				2834.15

Rev'n 3/97

AUTHORIZATION

Bob Reusch

TITLE

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.