

KANSAS CORPORATION COMMISSION 1104238  
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 # 34243  
Name: King, Charles dba CK Oil  
Address 1: 409 E. WILSON  
Address 2: \_\_\_\_\_  
City: YATES CENTER State: KS Zip: 66783 + \_\_\_\_\_  
Contact Person: Charlie King  
Phone: ( 620 ) 496-4694  
CONTRACTOR: License # 33900  
Name: Leis, Steven A.  
Wellsite Geologist: N/a  
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 #: \_\_\_\_\_

01/26/2012    01/27/2012    01/30/2012

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

API No. 15 - 15-207-27870-00-00

Spot Description: \_\_\_\_\_

SW SW SE NW Sec. 19 Twp. 26 S. R. 17 ☒ East ☐ West

2475 Feet from ☒ North / ☐ South Line of Section

3795 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE    ☐ NW    ☐ SE    ☐ SW

County: Woodson

Lease Name: Dwight Jackson Well #: 4

Field Name: \_\_\_\_\_

Producing Formation: Plugged 1/30/12

Elevation: Ground: 992 Kelly Bushing: 0

Total Depth: 1075 Plug Back Total Depth: 0

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: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 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 Data: \_\_\_\_\_
- ☐ Wireline Log Received
- ☐ Geologist Report Received
- ☐ UIC Distribution
- ALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 12/14/2012

1104238

Operator Name: King, Charles dba CK Oil Lease Name: Dwight Jackson Well #: 4  
 Sec. 19 Twp. 26 S. R. 17 ☒ East ☐ West County: Woodson

**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 Wireline Logs surveyed. Attach final geological well site report.

<p>Drill Stem Tests Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>          (Attach Additional Sheets)</p> <p>Samples Sent to Geological Survey <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Cores Taken <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Electric Log Run <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span></p> <p>Electric Log Submitted Electronically <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>          (If no, Submit Copy)</p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <span style="float: right;"><input type="checkbox"/> Sample</span></p> <p>Name <span style="float: right;">Top</span> <span style="float: right;">Datum</span></p> <p>n/a</p>
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CASING RECORD <span style="float: right;"><input checked="" type="checkbox"/> New <input type="checkbox"/> Used</span>							
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	11	8.625	20	20		7	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1075	Portlan	98	3 Sacks Gel, See Plugging record

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

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method:		
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**W & W Production Company**

1150 Highway 39

Chanute, Kansas 66720-5215

Mobile: 620-431-5970

Phone: Office/Home 620-431-4137

**Invoice**

DATE

INVOICE NO.

1/30/2012

45911

**BILL TO:**

Charles King  
409 E. Wilson  
Yates Center, Kansas 66783

Plug Well  
Jackson 1  
Woodson County, Kansas

*WCC #5491*

SERVICED	ITEM	DESCRIPTION	QTY	RATE	AMOUNT
1/26/2012	Pump Truck	Pump Charge	1	400.00	400.00T
	Cement	For plugging	98	10.00	980.00T
	Gel	Gel - 3 sacks	3	30.00	90.00T

**Sales Tax (7.3%)**

5107.31

**Total****51,577.31**

Fax #

Fed. I.D. 48-0843238

620-431-3183

carolwimsen4@yahoo.com