



KANSAS CORPORATION COMMISSION 1104020  
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 # 31486  
Name: Horton, Jack  
Address 1: PO BOX 97  
Address 2:  
City: SEDAN State: KS Zip: 67361 + 0097  
Contact Person: Jack Horton  
Phone: ( 620 ) 249-4476  
CONTRACTOR: License # 31486  
Name: Horton, Jack  
Wellsite Geologist: Fred Jones  
Purchaser:

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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 #:

11/23/2012	11/27/2012	12/6/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32254-00-00  
Spot Description:  
NW NE NW SE Sec. 2 Twp. 34 S. R. 14  East  West  
2370 Feet from  North /  South Line of Section  
1840 Feet from  East /  West Line of Section

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

County: Montgomery  
Lease Name: Melander Well #: 41

Field Name:  
Producing Formation: Wayside

Elevation: Ground: 882 Kelly Bushing: 886  
Total Depth: 721 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: 0  
feet depth to: 711 w/ 84 sx cmt.

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 300 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: 12/13/2012



1104020

Operator Name: Horton, Jack Lease Name: Melander Well #: 41  
 Sec. 2 Twp. 34 S. R. 14  East  West County: Montgomery

**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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wayside	646	236
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron				

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	9.875	7	18	20	Portland	8	
Longstring	5.625	2.875	6.5	711	Portland	84	

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
2	654-672	6000lbs sand	

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  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 <i>(Explain)</i> _____
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: 654 672
---	--	------------------------------------

STATEMENT

10321

**ELMORE'S INC.**  
 Box 87 - 776 HWY99  
 Sedan, KS 67361  
 Cell: (620) 249-2519  
 Eve: (620) 725-5538

Date 11-28-12

Customer Southern Energy  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Qty.	Description	Price	Amount
84	SKS Cement	10.00	840.00
3	Lr Cement Pump	110.00	330.00
2	Lr Water Truck	85.00	170.00
1	Plus Contain	50.00	50.00
1	Dye	5.00	5.00
1	Bank Tank	85.00	85.00
1	2 1/2 Rubber Plug	25.00	25.00
1	Sk Calcium Chloride	40.00	40.00
			1630.00
	Melander 41	Tax	135.29
	Cemental containing 2 1/2	\$	1765.29
	with 60 sk 2 3/4 coat		
	* 20 SKS Next with 20 LB		
	Calcium Chloride Cemented		
	To Surface.		

Thank You - We appreciate your business!

Rec'd. by \_\_\_\_\_

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.