



KANSAS CORPORATION COMMISSION 1107015
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 # 34458
Name: Long and Ware Oil, a General Partnership
Address 1: PO BOX 554
Address 2:
City: WYNONA State: OK Zip: 74084 +
Contact Person: John Long
Phone: (918) 698-8080
CONTRACTOR: License # 34458
Name: Long and Ware Oil, a General Partnership
Wellsite Geologist: Chris Henderson
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 #:

03/28/2012	03/29/2012	03/29/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32170-00-00
Spot Description:
SE SW SW NE Sec. 8 Twp. 34 S. R. 14 East West
2805 Feet from North / South Line of Section
2145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Peterson B Well #: L&W 2
Field Name:
Producing Formation: Prue
Elevation: Ground: 853 Kelly Bushing: 0
Total Depth: 1529 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: 20
feet depth to: 0 w/ 5 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 0 ppm Fluid volume: 160 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Long and Ware Oil, a General Partnership
Lease Name: Bish License #: 34458
Quarter NW Sec. 7 Twp. 34 S. R. 14 East West
County: Montgomery Permit #: Unknown

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: 01/22/2013

1107015

Operator Name: Long and Ware Oil, a General Partnership Lease Name: Peterson B Well #: L&W 2
 Sec. 8 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray, Neutron, Cement Bond, Completion	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum na
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CASING RECORD <input checked="" 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
Surface	12.25	8.625	28	20	Portland	5	
Production	6.75	4.5	9.5	1522	Portland	160	

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	3 1/8" Slick Tag cun		954'-974'

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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1/29/2012

248699



Still Looking For 3 other tickets

2550000149

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Chris Henderson	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	L.S.	Section		Excess (%)	30
Customer Acct #	3493	TRIP		Density	13.6
Well No.	Paragon #2	RCE		Water Required	
Mailing Address		Formation		Yield	1.73
City & State		Hole Size	6 3/4	Slurry Weight	
Zip Code		Hole Depth		Slurry Volume	
Contact		Casing Size	4 1/2	Displacement	
Email		Casing Depth	1529	Displacement PSI	
Cell		Drill Pipe		MAX PSI	
Dispatch Location	BARTLESVILLE	Tubing		Rate	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
5408	EQUIPMENT MILEAGE (ONE-WAY)	35	PER MILE	\$4.00	\$ 140.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0		0		\$0.00	\$
0		0		\$0.00	\$
0		0		\$0.00	\$
0		0		\$0.00	\$
0		0		\$0.00	\$
5402	FOOTAGE	1,529	PER FOOT	\$0.22	\$ 336.38
				EQUIPMENT TOTAL	\$ 1,860.38
Cement, Chemicals and Water					
1126A	THICK SET CEMENT (8LB CWC 4% DEL 2% CAL, CLORIDE)	160	0	\$18.20	\$ 3,072.00
1107A	PHENOSFA.	60	0	\$1.99	\$ 103.20
1110A	KOL SEAL (90 # SK)	800	0	\$0.48	\$ 384.00
1116B	PREMIUM GEL MENTONITE (50%)	200	0	\$0.21	\$ 42.00
1123	DRY WATER (PER 1000 GAL)	7	0	\$16.60	\$ 115.50
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
0		0	0	\$0.00	\$
				CHEMICAL TOTAL	\$ 3,700.70
Water Transport					
5501C	WATER TRANSPORT (CEMENT)	0	TER TRANSPORT (CEME	\$112.00	\$ 336.00
5502C	80 BBL VACUUM TRUCK (CEMENT)	3	BL VACUUM TRUCK (CEM	\$100.00	\$ 300.00
0		0		\$0.00	\$
				TRANSPORT TOTAL	\$ 636.00
Cement Floating Equipment (TAXABLE)					
Cement Bucket					
0			0	\$0.00	\$
Centralizer					
0			0	\$0.00	\$
0			0	\$0.00	\$
Float Shoe					
0			0	\$0.00	\$
Float Collar					
0			0	\$0.00	\$
Guide Shoe					
0			0	\$0.00	\$
Ball and Rammer Plates					
0			0	\$0.00	\$
Spacer Shoes					
0			0	\$0.00	\$
DV Tools					
0			0	\$0.00	\$
Ball Valves, Swedges, Clamps, Misc					
0			0	\$0.00	\$
0			0	\$0.00	\$
0			0	\$0.00	\$
Plugs and Ball Sealers					
4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$45.00	\$ 45.00
0			0	\$0.00	\$
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 45.00
TRUCKS				SUB TOTAL	\$ 6,238.08
DRIVER NAME				6.30% SALES TAX	\$ 235.00
492				TOTAL	\$ 6,474.08
818 James B				10% (-DISCOUNT)	\$ 647.41
400 T111				DISCOUNTED TOTAL	\$ 5,826.67
Quantity ED var					

AUTHORIZATION DATE

TITLE EMPLOYEE Jason Bell

I ACKNOWLEDGE THAT THE PAYMENT TERMS, UNLESS SPECIFICALLY AMENDED IN WRITING ON THE FRONT OF THE FORM OR ON THE CUSTOMER'S ACCOUNT RECORDS, AT OUR OFFICE, ARE CONTAINED IN THE TERMS AND CONDITIONS OF THE FORMS AND BY ACCEPTING THE SERVICES HEREON I AGREE TO THE TERMS AND CONDITIONS.

76