



**APPLICATION FOR COMMINGLING OF PRODUCTION (K.A.R. 82-3-123) OR FLUIDS (K.A.R. 82-3-123a)** *Commingling ID # \_\_\_\_\_*

OPERATOR: License # \_\_\_\_\_ API No. 15 - \_\_\_\_\_  
Name: \_\_\_\_\_ Spot Description: \_\_\_\_\_  
Address 1: \_\_\_\_\_ - - - - - Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
Address 2: \_\_\_\_\_ Feet from  North /  South Line of Section  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_ Feet from  East /  West Line of Section  
Contact Person: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

1. Name and upper and lower limit of each production interval to be commingled:  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_  
Formation: \_\_\_\_\_ (Perfs): \_\_\_\_\_

2. Estimated amount of fluid production to be commingled from each interval:  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_  
Formation: \_\_\_\_\_ BOPD: \_\_\_\_\_ MCFPD: \_\_\_\_\_ BWPD: \_\_\_\_\_

3. Plat map showing the location of the subject well, all other wells on the subject lease, and all wells on offsetting leases within a 1/2 mile radius of the subject well, and for each well the names and addresses of the lessee of record or operator.

4. Signed certificate showing service of the application and affidavit of publication as required in K.A.R. 82-3-135a.

**For Commingling of PRODUCTION ONLY, include the following:**

- 5. Wireline log of subject well. Previously Filed with ACO-1:  Yes  No
- 6. Complete Form ACO-1 (*Well Completion form*) for the subject well.

**For Commingling of FLUIDS ONLY, include the following:**

- 7. Well construction diagram of subject well.
- 8. Any available water chemistry data demonstrating the compatibility of the fluids to be commingled.

**AFFIDAVIT:** I am the affiant and hereby certify that to the best of my current information, knowledge and personal belief, this request for commingling is true and proper and I have no information or knowledge, which is inconsistent with the information supplied in this application.

**Submitted Electronically**

**KCC Office Use Only**  
 Denied  Approved  
15-Day Periods Ends: \_\_\_\_\_  
Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Protests may be filed by any party having a valid interest in the application. Protests must be in writing and comply with K.A.R. 82-3-135b and must be filed within 15 days of publication of the notice of application.*

KANSAS CORPORATION COMMISSION  
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 # \_\_\_\_\_

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

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

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

Wellsite Geologist: \_\_\_\_\_

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 #: \_\_\_\_\_

|                                   |                 |                                         |
|-----------------------------------|-----------------|-----------------------------------------|
| Spud Date or<br>Recompletion Date | Date Reached TD | Completion Date or<br>Recompletion Date |
|-----------------------------------|-----------------|-----------------------------------------|

API No. 15 - \_\_\_\_\_

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

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

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

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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 #: \_\_\_\_\_

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_ Date: \_\_\_\_\_

**Side Two**

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

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

| CASING RECORD <input 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 |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                |                  |                |              |                            |
|--------------------------------------------------------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose:                                                                             | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| _____ Perforate<br>_____ Protect Casing<br>_____ Plug Back TD<br>_____ Plug Off Zone |                  |                |              |                            |
|                                                                                      |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |
|                |                                                                                           |                                                                                          |       |

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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

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

## WELL COMPLETION (FORM ACO-1)

### Instructions

#### General Instructions.

1. Form must be typed.

#### ACO-1 Side One

#### Section 1: Operator/Well Information.

- 1a. **License #.** Enter the operator's license number. To verify KCC operator license information, check the Commission's website at [http://kcc.ks.gov/conservation/oil\\_license.cgi](http://kcc.ks.gov/conservation/oil_license.cgi) or contact the Conservation Division's Licensing Department at (316) 337-6200.
- 1b. **Name.** Enter the operator's full name as it appears on the operator's license.
- 1c. **Address.** Enter the operator's mailing address (street or PO Box).
- 1d. **City/State/Zip.** Enter the operator's city, state, and zip code that corresponds with the operator's mailing address in "1c."
- 1e. **Contact Person.** Enter the name of the individual who will be the operator's contact person for this Well Completion Form, should Conservation Division Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- 1f. **Phone.** Enter the phone number of the contact person listed in "1e" above.
- 1g. **Contractor License #.** Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent. To verify KCC operator license information check the Commission's website at [http://kcc.ks.gov/conservation/oil\\_license.cgi](http://kcc.ks.gov/conservation/oil_license.cgi) or contact the Conservation Division's Licensing Department at (316) 337-6200.
- 1h. **Contractor Name.** Enter the name of the drilling contractor for the subject well as it appears on the drilling contractor's operator license. The drilling contractor may be the operator or the operator's agent.
- 1i. **Wellsite Geologist.** Enter the name of the wellsite geologist witnessing the completion work.
- 1j. **Purchaser.** Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. **Designate Type of Completion.** Mark the appropriate box to indicate if the subject well completion is a new well, re-entry, or workover. In addition, mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be checked, if more than one applies.
- 1l. **Old Well Information (Only for workover/re-entry).**
  - 1l(1). **Operator.** Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
  - 1l(2). **Well Name.** the name under which the subject well was last operated.
  - 1l(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
  - 1l(4). **Original Total Depth.** Enter the original total depth of the subject well.
  - 1l(5). **Deepening, Re-perforate, Convert to Enhanced Recovery/Saltwater Disposal/Gas Storage.** Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the operator has deepened, re-perforated, and/or converted the subject wellbore to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked, if more than one applies. For each box that is marked, enter the corresponding permit number to the right of the box.
- 1m. **Spud Date or Recompletion Date.** For new wells, enter the date on which the well was spud. For workovers and re-entries, enter the date on which current recompletion operations were commenced.
- 1n. **Date Reached TD.** Enter the date on which the operator reached total depth.
- 1o. **Completion Date or Recompletion Date.** For new wells, enter the date on which the new well was completed. For workovers and re-entries, enter the date on which recompletion operations were finished.
- 1p. **API No.** Enter the API Number for the subject well. This number is subject to change upon review by Conservation Division Staff.

Production Staff will contact the operator if major changes are made to the subject well's API Number.

- 1q. **Spot Location.** Enter the geographic location of the subject well by  $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$   $\frac{1}{4}$ , Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. **Footage Location from Section Lines.**
  - 1r(1). Enter the number of feet the subject well is located from the South or North section line and circle from which section line the measurement was taken.
  - 1r(2). Enter the number of feet the subject well is located from the East or West section line and circle from which section line the measurement was taken.
- 1s. **Footages Calculated From Nearest Outside Section Corner.** Mark the appropriate box indicating the outside section corner nearest the location of the subject well.
- 1t. **County.** Enter the county in which the subject well is located.
- 1u. **Lease Name/Well Number.** Enter the name of the lease and the well number.
- 1v. **Field Name.** List the name of the field in which the well is located. Field names are available on the KGS web site, <http://www.kgs.ku.edu/Magellan/Field/index.html>, or the Independent Oil & Gas Service's website, <http://www.iogsi.com>.
- 1w. **Producing Formation.** Enter the name of the geologic formation from which the well is producing.
- 1x. **Elevation.**
  - 1x(1). **Ground.** Enter the elevation in feet above sea level for the subject well's location.
  - 1x(2). **Kelly Bushing.** Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- 1y. **Total Depth.** Enter the total depth of the subject well.
- 1z. **Plug Back Total Depth.** Enter the total depth of the plug back in the subject well.
  - 1za. **Amount of Surface Pipe Set and Cemented.** Enter the depth to which surface pipe is set and cemented in the subject well.
  - 1zb. **Multiple Stage Cementing Collar Used.**
    - 1zb(1). Mark the appropriate box to indicate if the operator used a multiple stage cementing collar to complete/recomplete the subject well.
    - 1zb(2). If multiple stage cementing collar was used, fill in the blank with the depth at which the multiple stage cementing collar was set.
  - 1zc. **Alternate II Completion.** If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

#### Section 2: Drilling Fluid Management Plan.

- 2a. **Chloride Content.** Enter the chloride content in parts per million of reserve pit fluids.
- 2b. **Fluid Volume.** Enter the volume in barrels of reserve pit fluids used.
- 2c. **Dewatering Method Used.** Enter the dewatering method used at the subject well during drilling operations.
- 2d. **Location of Fluid Disposal if Hauled Offsite.**
  - 2d(1). **Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
  - 2d(2). **Lease Name.** Enter the name of the lease at which the drilling fluids were disposed.
  - 2d(3). **License Number.** Enter the license number of the operator who disposed of the drilling fluids. To verify KCC operator license information check the Commission's website at [http://kcc.ks.gov/conservation/oil\\_license.cgi](http://kcc.ks.gov/conservation/oil_license.cgi) or contact the Conservation Division's Licensing Department at (316) 337-6200.
  - 2d(4). **Geographic Location.** Enter the geographic location of the lease on which drilling fluids were disposed by  $\frac{1}{4}$ , Section, Township, and Range. Mark the appropriate box to indicate if the Range is East or West of the Sixth Principal Meridian.
  - 2d(5). **County.** Enter the county in which the fluid disposal is located.

- 2d(6). **Permit Number.** If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

### Section 3: Verification.

- 3a. **Signature.** The operator or the operator's agent must sign the Well Completion Form to verify that, to the best of their knowledge, all statutory and regulatory requirements have been complied with, and the information on the form is complete and accurate.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form.
- 3c. **Date.** Enter the date on which the form is completed.

### ACO -1 Side Two

#### Section 4: Operator and Well Information.

- 4a. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 4b. **Lease Name/Well Number.** Enter the lease name and well number for the subject well.
- 4c. **Geographic Location.** Enter the location of the subject well by Section, Township, and Range, and mark the appropriate box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. **County.** Enter the name of the county in which the subject well is located.

#### Section 5: Logs, Samples, and Test Reporting.

- 5a. **Drill Stem Tests.** Mark the appropriate box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- 5b. **Samples Sent to Geological Survey.** Mark the appropriate box to indicate if geologic samples were taken and sent to the Kansas Geologic Survey.
- 5c. **Cores Taken.** Mark the appropriate box to indicate if cores were taken.
- 5d. **Electric Log Run.** Mark the appropriate box to indicate if electric log(s) were run on the subject well.
- 5e. **Electric Log Submitted Electronically.** If electric logs were run on the subject well, indicate whether the electric logs were submitted to the KCC electronically.
- 5f. **List All Electric Logs Run.** If electric logs were run on the subject well, list all of the electric logs conducted.
- 5g. **Formation (Top), Depth, and Datum.** Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each producing or storage formation penetrated, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

#### Section 6: Casing Record.

- 6a. **New or Used.** Mark the appropriate box to indicate if the subject well's casing is new or had been previously used.
- 6b. **Casing Strings Used.** For each separate string of casing used, enter the following information for each string:
- 6b(1). **Purpose of String.** The purpose of the casing string.
- 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
- 6b(3). **Size Casing Set.** The outside diameter of the casing.
- 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
- 6b(5). **Setting Depth.** The depth to which the casing string is set.
- 6b(6). **Type of Cement.** The type of cement used to set the casing string.
- 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
- 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

#### Section 7: Additional Cementing/Squeeze Record.

- 7a. **Purpose.** Mark the appropriate blank to indicate the purpose of the

additional cementing/squeeze. If more than one purpose applies, mark all that apply.

- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom.
- 7c. **Type of Cement.** Enter the type of cement used for the additional cementing.
- 7d. **Number of Sacks Used.** Enter the number of sacks used for the additional cementing.
- 7e. **Type and Percent Additives.** Enter they type and percent of additives to the additional cementing.

#### Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record.

For each set of perforations in the subject well, enter the following information.

- 8a. **Shots per foot.** Enter the number of perforations per foot.
- 8b. **Perforation Record - Bridge Plugs Set/Type and Specific Footage of Each Interval Perforated.** Enter the type of bridge plugs, the depth at which the bridge plugs are set at each perforation interval, and the depth of each interval perforated.
- 8c. **Acid, Fracture, Shot, Cement Squeeze Record.** Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.
- 8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

#### Section 9: Miscellaneous.

- 9a. **Tubing Record.**
- 9a(1). **Size.** Enter the size of tubing set in the subject well.
- 9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.
- 9a(3). **Packer at.** Enter the depth at which the tubing packer is set in the subject well.
- 9b. **Liner Run.** Mark the appropriate box to indicate if a liner is in the subject well.
- 9c. **Date of First or Resumed Production, SWD, or ENHR.** For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.
- 9d. **Producing Method.** Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.
- 9e. **Estimated Production Per 24 Hours.** Enter the following information regarding the estimated production from the subject well over a 24-hour period:
- 9e(1). **Oil Bbls.** Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.
- 9e(2). **Gas Mcf.** Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.
- 9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.
- 9e(4). **Gas-Oil Ratio.** Enter the gas-oil ratio for production from the subject well.
- 9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.
- 9e(6). **Disposition of Gas.** Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.
- 9e(7). **Method of Completion; Production Interval.** Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.
- 9e(8). **Production Interval.** Enter the footages where the wellbore is perforated.

KANSAS CORPORATION COMMISSION  
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 # 1a  
Name: 1b  
Address 1: 1c  
Address 2: 1c  
City: 1d State: 1d Zip: 1d + 1d  
Contact Person: 1e  
Phone: ( 1f ) 1f  
CONTRACTOR: License # 1g  
Name: 1h  
Wellsite Geologist: 1i  
Purchaser: 1j

Designate Type of Completion: 1k  
 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: 1l(1)  
Well Name: 1l(2)  
Original Comp. Date: 1l(3) Original Total Depth: 1l(4)  
 Deepening  Re-perf.  Conv. to ENHR  Conv. to SWD  
1l(5)  Conv. to GSW  
 Plug Back: \_\_\_\_\_ Plug Back Total Depth  
 Commingled Permit #: \_\_\_\_\_  
 Dual Completion Permit #: \_\_\_\_\_  
 SWD Permit #: \_\_\_\_\_  
 ENHR Permit #: \_\_\_\_\_  
 GSW Permit #: \_\_\_\_\_  
1m 1n 1o  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 1p  
Spot Description: 1q  
1q - - - - - Sec. 1q Twp. 1q S. R. 1q  East  West  
1r(1) Feet from  North /  South Line of Section  
1r(2) Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
1s  NE  NW  SE  SW  
County: 1t  
Lease Name: 1u Well #: 1u  
Field Name: 1v  
Producing Formation: 1w  
Elevation: Ground: 1x(1) Kelly Bushing: 1x(2)  
Total Depth: 1y Plug Back Total Depth: 1z  
Amount of Surface Pipe Set and Cemented at: 1aa Feet  
Multiple Stage Cementing Collar Used?  Yes  No 1bb(1)  
If yes, show depth set: 1bb(2) Feet  
If Alternate II completion, cement circulated from: 1cc  
feet depth to: 1cc w/ 1cc sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 2a ppm Fluid volume: 2b bbls  
Dewatering method used: 2c  
Location of fluid disposal if hauled offsite:  
Operator Name: 2d(1)  
Lease Name: 2d(2) License #: 2d(3)  
Quarter 2d(4) Sec. 2d(4) Twp. 2d(4) S. R. 2d(4)  East  West  
County: 2d(5) Permit #: 2d(6)

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: 3a  
Title: 3b Date: 3c

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: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: 4a Lease Name: 4b Well #: 4b

Sec. 4c Twp. 4c S. R. 4c  East  West County: 4d

**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 <span style="float:right"><b>5a</b></span> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <span style="float:right"><b>5b</b></span> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <span style="float:right"><b>5c</b></span> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <span style="float:right"><b>5d</b></span> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Submitted Electronically <span style="float:right"><b>5e</b></span> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If no, Submit Copy)</i><br><br>List All E. Logs Run:<br><b>5f</b> | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br>Name Top Datum<br><b>5g</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|

| 6a CASING RECORD <input 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 |
| <b>6b(1)</b>                                                                | <b>6b(2)</b>      | <b>6b(3)</b>              | <b>6b(4)</b>      | <b>6b(5)</b>  | <b>6b(6)</b>   | <b>6b(7)</b> | <b>6b(8)</b>               |
|                                                                             |                   |                           |                   |               |                |              |                            |
|                                                                             |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |              |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose: <b>7a</b>                                                                                                                                               | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone | <b>7b</b>        | <b>7c</b>      | <b>7d</b>    | <b>7e</b>                  |
|                                                                                                                                                                  |                  |                |              |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><i>(Amount and Kind of Material Used)</i> | Depth     |
|----------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------|
| <b>8a</b>      | <b>8b</b>                                                                                 | <b>8c</b>                                                                                | <b>8d</b> |
|                |                                                                                           |                                                                                          |           |
|                |                                                                                           |                                                                                          |           |
|                |                                                                                           |                                                                                          |           |

|                |                    |                      |                         |                                                                               |
|----------------|--------------------|----------------------|-------------------------|-------------------------------------------------------------------------------|
| TUBING RECORD: | Size: <b>9a(1)</b> | Set At: <b>9a(2)</b> | Packer At: <b>9a(3)</b> | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>9b</b> |
|----------------|--------------------|----------------------|-------------------------|-------------------------------------------------------------------------------|

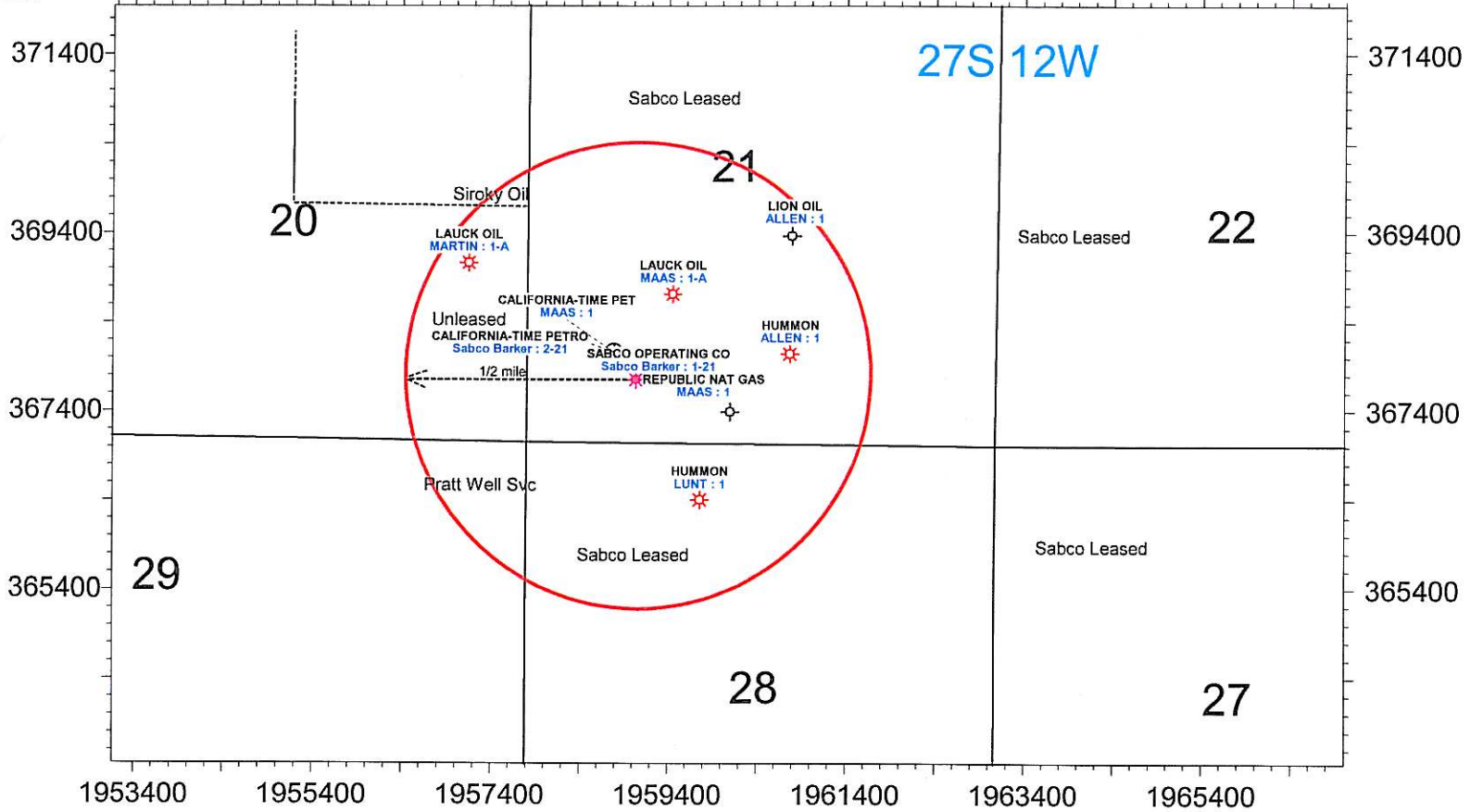
|                                                           |                                                                                                                                                                             |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of First, Resumed Production, SWD or ENHR. <b>9c</b> | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <b>9d</b> |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                   |                        |                      |                          |                            |                      |
|-----------------------------------|------------------------|----------------------|--------------------------|----------------------------|----------------------|
| Estimated Production Per 24 Hours | Oil Bbls. <b>9e(1)</b> | Gas Mcf <b>9e(2)</b> | Water Bbls. <b>9e(3)</b> | Gas-Oil Ratio <b>9e(4)</b> | Gravity <b>9e(5)</b> |
|-----------------------------------|------------------------|----------------------|--------------------------|----------------------------|----------------------|

|                                                                                                                                                                                |                                                                                                                                                                                                                                                              |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>9e(6)</b> DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>9e(7)</b> METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i><br><input type="checkbox"/> Other (Specify) _____ | <b>9e(8)</b> PRODUCTION INTERVAL:<br>_____<br>_____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

X/Y:  
Feet

1953400 1955400 1957400 1959400 1961400 1963400 1965400



Sabco Operating Company

Wells within 1/2 Mile From Barker #1-21 Well

Pratt Co., KS

Scale = 1:24000





**AFFIDAVIT**

STATE OF KANSAS \
- SS.
County of Sedgwick /

Mark Fletchall, of lawful age, being first duly sworn, deposeth and saith: That he is Record Clerk of The Wichita Eagle, a daily newspaper published in the City of Wichita, County of Sedgwick, State of Kansas, and having a general paid circulation on a daily basis in said County, which said newspaper has been continuously and uninterruptedly published in said County for more than one year prior to the first publication of the notice hereinafter mentioned, and which said newspaper has been entered as second class mail matter at the United States Post Office in Wichita, Kansas, and which said newspaper is not a trade, religious or fraternal publication and that a notice of a true copy is hereto attached was published in the regular and entire Morning issue of said The Wichita Eagle for \_1\_ issues, that the first publication of said notice was

made as aforesaid on the 1st of

November A.D. 2010, with

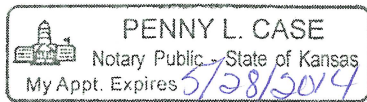
subsequent publications being made on the following dates:

And affiant further says that he has personal knowledge of the statements above set forth and that they are true.

*Mark Fletchall*

Subscribed and sworn to before me this

1st day of November, 2010



*Penny L Case*  
Notary Public Sedgwick County, Kansas

Printer's Fee : \$108.40

**LEGAL PUBLICATION**  
Legal Publication  
Published in the Wichita Eagle  
November 1, 2010 (3078918)  
BEFORE THE STATE  
CORPORATION COMMISSION OF  
THE STATE OF KANSAS  
NOTICE OF FILING APPLICATION  
Re: Sabco Operating Company - Application  
for permit to commingle production of the  
Mississippian and Lansing formations of the  
Barker 1-21, located in Pratt County,  
Kansas.  
To: All Oil and Gas Producers, Unleased  
Mineral Interest Owners, Landowners, and  
all persons whosever concerned.  
You, and each of you are hereby notified  
that the Sabco Operating Company has filed  
an application to commingle production  
from the Lansing and Mississippian  
formations of the Barker 1-21 well located in  
the SE NE SW SW Sec 21, 704' FSL, 1233'  
FWL, T-27S, R-12W.  
Any persons who object to or protest this  
application shall be required to file their  
objections or protests with the Conservation  
Division of the State Corporation  
Commission of the State of Kansas within  
fifteen (15) days from the date of this  
publication. These protests shall be filed  
pursuant to Commission regulations and  
must state specific reasons why the grant of  
the application may cause waste, violate  
correlative rights or pollute the natural  
resources of the state of Kansas.  
All persons interested or concerned shall  
take notice of the foregoing and shall govern  
themselves accordingly.  
Sabco Operating Company  
34 South Wynden Dr  
Houston, TX 77056  
Phone: 713-840-1980

**AFFIDAVIT OF PUBLICATION**

**STATE OF KANSAS, PRATT, COUNTY SS:**

Keith Lippoldt, being first duly sworn, deposes and says: That he is Publications Manager of the Pratt Tribune, a daily Newspaper printed in the State of Kansas, and published in and of general circulation in Pratt County, Kansas, with a general paid circulation on a daily basis in Pratt County, Kansas and that said newspaper is not a trade, religious or fraternal publication.

Said newspaper is published daily at least 50 times a year; has been so published continuously and uninterrupted in said county and state of a period of more than five years prior to the first publication of said notice; and has been admitted at the post office of Pratt, Kansas in said County as second class matter.

The attached was published on the following dates in a regular issue of said newspaper:

- 1st Publication November 2, 2010
- 2nd Publication \_\_\_\_\_, 2010
- 3rd Publication \_\_\_\_\_, 2010
- 4th Publication \_\_\_\_\_, 2010
- 5th Publication \_\_\_\_\_, 2010
- 6th Publication \_\_\_\_\_, 2010

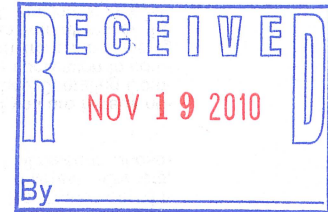
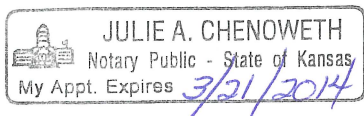
*Keith Lippoldt*

(Publications Manager)

SUBSCRIBED and sworn to before me this

2 day of November, 2010

*Julie A. Chenoweth*  
(Notary Public)



Published in the Pratt Tribune  
On November 02, 2010

Public Notice

BEFORE THE STATE  
CORPORATION  
COMMISSION OF THE  
STATE OF KANSAS

NOTICE OF FILING APPLICATION  
Re: Sabco Operating Company - Application for permit to commingle production of the Mississippian and Lansing formations of the **Barker 1-21**, located in Pratt County, Kansas.

To: All Oil and Gas Producers, Unleased Mineral Interest Owners, Landowners, and all persons whosever concerned.

You, and each of you are hereby notified that the Sabco Operating Company has filed an application to commingle production from the Lansing and Mississippian formations of the Barker 1-21 well located in the SE NE SW SW Sec 21, 704' FSL, 1233' FWL, T-27S, R-12W.

Any persons who object to or protest this application shall be required to file their objections or protests with the Conservation Division of the State Corporation Commission of the State of Kansas within fifteen (15) days from the date of this publication. These protests shall be filed pursuant to Commission regulations and must state specific reasons why the grant of the application may cause waste, violate correlative rights or pollute the natural resources of the state of Kansas.

All persons interested or concerned shall take notice of the foregoing and shall govern themselves accordingly.

Sabco Operating Company  
34 South Wynden Dr  
Houston, TX 77056  
Phone: 713-840-1980




Offset Operators/Lessee of Record and Unleased Mineral Owners Within 1/2 – Mile Radius of the Barker 1-21 well, Pratt County, KS

The undersigned hereby certifies that he is duly authorized agent for the applicant, and that a true and correct copy of the ACO-4 was mailed on December 1, 2010 to the following parties:

Pratt Well Services  
P.O. Box 847  
Pratt, KS 67124-0847  
Via Certified Manil Piece No. 7007 3020 0000 5165 9360

Siroky Oil Management Inc  
205 S. Main St  
Pratt, KS 67124  
Via Certified Manil Piece No. 7007 3020 0000 5165 9353

Mae B. Caspari  
151 Rhett Ave.  
Springdale, AR 72762-9007  
Via Certified Manil Piece No. 7007 3020 0000 5165 9346

  
Applicant's Duly Authorized Agent

Max Jameson, Regulatory Manager

Subscribed and sworn before me this 2nd day of December, 2010

  
Notary Public

My commission expires: 10.30.2014



December 17, 2010

Max Jameson  
SABCO Operating Company  
34 S. Wynden  
Houston, TX 77056

RE: Approved Commingling CO121001  
Barker 1-21, Sec. 21-T27S-R12W, Pratt County  
API No. 15-151-22350-00-00

Dear Mr. Jameson:

Your Application for Commingling (ACO-4) for the above described well has been reviewed and approved by the Kansas Corporation Commission (KCC) per K.A.R. 82-3-123. Notice was examined and found to be proper per K.A.R. 82-3-135a. No protest had been filed within the 15-day protest period. This application, which was received by the KCC on December 2, 2010 concerns approval to simultaneously produce from the following sources of supply through the same tubing string in the same wellbore:

| Source of Supply                   | Estimated Current Production |       |      | Perf Depth |
|------------------------------------|------------------------------|-------|------|------------|
|                                    | BOPD                         | MCFPD | BWPD |            |
| Lansing                            | 3                            | 20    | 20   | 3740-3748  |
| Mississippian                      | 7                            | 26    | 30   | 4160-4212  |
| Total Estimated Current Production | 10                           | 46    | 50   |            |

Based upon the depth of the Mississippian formation perforations, total oil production shall not exceed 200 BOPD and total gas production shall not exceed 50% of the absolute open flow (AOF).

**File form ACO-1 upon re-completion of the well to commingle.**

Commingling ID number CO121001 has been assigned to this approved application. Use this number for well completion reports (ACO-1) and other correspondence that may concern this approved commingling.

Sincerely,

Rick Hestermann  
Production Department