

## Kansas Corporation Commission Oil & Gas Conservation Division

## 1045341

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 #	API No. 15					
Name:	Spot Description:					
Address 1:	SecTwpS. R 🔲 East 🗌 West					
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from East / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□ NE □ NW □ SE □ SW					
CONTRACTOR: License #	County:					
Name:	Lease Name: Well #:					
Wellsite Geologist:	Field Name:					
Purchaser:	Producing Formation:					
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:					
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:					
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet  Multiple Stage Cementing Collar Used?					
Operator:						
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)					
Original Comp. Date: Original Total Depth:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Conv. to GSW	Chloride content: ppm Fluid volume: bbls  Dewatering method used:					
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:					
Commingled Permit #:	Operator Name:					
Dual Completion Permit #:	Lease Name: License #:					
SWD Permit #:	Quarter Sec Twp S. R					
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date						

#### **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** 

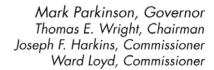
KCC Office Use ONLY						
Letter of Confidentiality Received						
Date:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I II III Approved by: Date:						

Side Two



Operator Name:			Lease Nar	me:			_ Well #:	
Sec Twp	S. R	East West	County: _					
<b>INSTRUCTIONS:</b> Shortime tool open and clos recovery, and flow rates line Logs surveyed. Att	ed, flowing and shut if gas to surface tes	in pressures, whether s it, along with final charte	shut-in pressur	e reache	d static level,	hydrostatic pres	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log	Formation	n (Top), Depth ar	nd Datum	☐ Sample
Samples Sent to Geological Survey			Name			Тор		
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy) List All E. Logs Run:		Yes No Yes No Yes No						
		CASING	RECORD	Now	Used			
		Report all strings set-		New ce, interme		on, 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
		ADDITIONA	L CEMENTING	/ SOUFF	ZE RECORD			
Purpose:  Depth Top Bottom  Type of Cement  Protect Casing Plug Back TD Plug Off Zone					Type and I	e and Percent Additives		
1 ldg 0ll 20ll0								
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:	Li	ner Run:	Yes No	)	
Date of First, Resumed P	roduction, SWD or EN	Producing Met	hod:	Gas	Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bl	ols.	Gas-Oil Ratio	Gravity
DISPOSITION  Vented Sold  (If vented, Subn	Used on Lease	Open Hole	METHOD OF CO	OMPLETIC Dually Con Submit ACO	mp. Con	nmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:

SWIFT Services, Inc. **JOB LOG** WELL NO. 2-32 JOB TYPE ACIO CUSTOMER
CHAROL MOSA PUMPS PRESSURE (PSI) VOLUME (BBL) (GAL) RATE (BPM) TIME DESCRIPTION OF OPERATION AND MATERIALS TUBING CASING 27/8 ON location - Rig Schoolburg 1600 move PER R8P@ 4577 PAR@ 4502 Ports 45/3-17 4523-29 Mak to 27/8" they 1630 cup 500 sm 15% NE Acid 3/2 1635 34 Fin Acio - Start HO 12 Load @ 31 Total 12 +19 Auch 2 500 40 1650 51P Whe -less than I am in SIP 400 Job Complete





October 08, 2010

Ronald N. Sinclair Grand Mesa Operating Company 1700 N WATERFRONT PKWY BLDG 600 WICHITA, KS 67206-5514

Re: ACO1 API 15-063-21808-00-00 HESS 2-32 NW/4 Sec.32-13S-31W Gove County, Kansas

### **Dear Production Department:**

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Ronald N. Sinclair