

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1066900

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:	
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: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
	Field Name:
Wellsite Geologist:	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Oblasida sestanti ana Eluidusluma bhla
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	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 #:	
ENHR         Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date         Date Reached TD         Completion Date or 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 Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes No		og Formatio	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geolog	,	Yes No	Nam	ie		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted E <i>(If no, Submit Copy)</i> List All E. Logs Run:	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No						
CASING RECORD New Used								
	r	Report all strings set	t-conductor, surface, inte	ermediate, producti	ion, etc.		1	
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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives		
Protect Casing Plug Back TD						
Plug Off Zone						

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD:	IG RECORD: Size: Set At: Packer At:			r At:	Liner R	un:	No			
Date of First, Resumed Production, SWD or ENHR.			۶.				Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours			Wate	er	Bbls.	Gas-Oil Ratio	Gravity			
DISPOSITION OF GAS: METHOD OF COMPLE				TION:		PRODUCTION INTER	RVAL:			
Vented Sold Used on Lease			Open Hole Perf. Dually (Submit A				Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)							

