

Kansas Corporation Commission Oil & Gas Conservation Division

1095755

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	Name: _			_ Well #:		
Sec Twp	S. R	East West	Count	y:					
	osed, flowing and shu es if gas to surface te	t-in pressures, wheth st, along with final ch	er shut-in pres	ssure read	ched static level,	hydrostatic press	sures, bottom h	giving interval tested, sole temperature, fluid py of all Electric Wire-	
Drill Stem Tests Taken Yes No (Attach Additional Sheets))	Log Formation (Top), De			nd Datum	Sample	
Samples Sent to Geological Survey)	Nam	е		Тор	Datum		
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy		Yes No)						
List All E. Logs Run:									
			ING RECORD	☐ Ne	ew Used	on. etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		eight . / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
	Dillied	oct (III O.D.)	200	.,, , , ,	Ворит	Coment	Osca	Additives	
		ADDITIO	NIAL OFMENT	INO / 001	IFF7F DECODE				
Purpose:	Depth			CEMENTING / SQUEEZE RECORD					
Perforate	Top Bottom	Type of Cement	# Sack	s Used	Type and Percent Additives				
Protect Casing Plug Back TD									
Plug Off Zone									
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Perfo						ement Squeeze Record d of Material Used) Depth		
TUBING RECORD:	Size:	Set At:	Packer /	At:	Liner Run:	Yes No)	[
Date of First, Resumed	Production, SWD or EN	HR. Producing		ng 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio	Gravity	
DISPOSITION	DISPOSITION OF GAS: ME				ETION:		PRODUCTION INTERVAL:		
Vented Solo		Open Hole	Perf.	Dually	Comp. Con	nmingled			
(If vented, Sui	bmit ACO-18.)	Other (Specif	y)	(Submit)	400-5) (Subi	mit ACO-4)			