

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 #	API No. 15		
Name:			
Address 1:	SecTwpS. R		
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         ☐ 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?		
If Workover/Re-entry: Old Well Info as follows:	·		
Operator: Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Original Comp. Date: Original Total Depth: Conv. to ENHR	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 TwpS. R		
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:		
Spud Date or Date Reached TD Completion Date or Recompletion Date  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:		

Operator Name: \_ Lease Name: \_\_\_ \_ Well #: \_ 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 Wireline Logs surveyed. Attach final geological well site report. **Drill Stem Tests Taken** Yes No Log Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum Samples Sent to Geological Survey ☐ Yes □ No Cores Taken Yes No Electric Log Run Electric Log Submitted Electronically Yes No (If no, Submit Copy) List All E. Logs Run: CASING RECORD Used New Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight # Sacks Type and Percent Type of Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Additives Depth Cement Used ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Producing Method: Date of First, Resumed Production, SWD or ENHR. Pumping Gas Lift Other (Explain) Flowing **Estimated Production** Water Bbls. Gas-Oil Ratio Oil Bbls Gas Mcf Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Dually Comp. Perf. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Palomino Petroleum, Inc.
Well Name	RNGG Partnership 1
Doc ID	1095804

## Tops

Name	Тор	Datum
Anhy.	1839	+ 676
Base Anhy.	1870	+ 645
Heebner	3863	-1348
LKC	3904	-1389
ВКС	4196	-1681
Marmaton	4238	-1723
Ft. Scott	4401	-1886
Cherokee Sh.	4422	-1907
Cherokee Sd.	4470	-1955
Miss.	4505	-1990
LTD	4570	-2055

## **Summary of Changes**

Lease Name and Number: RNGG Partnership 1

API/Permit #: 15-135-25437-00-00

Doc ID: 1095804

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value

Approved By NAOMI JAMES Deanna Garrison

Approved Date 10/02/2012 11/01/2012

Producing Formation Cherokee Sand **NONE** 

Purchaser's Name NONE

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95804

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