

## Kansas Corporation Commission Oil & Gas Conservation Division

1095859

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
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:	sk ski
Operator:	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 TwpS. R
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	County	/:					
INSTRUCTIONS: Show time tool open and close recovery, and flow rates ine Logs surveyed. Atta	ed, flowing and shut- if gas to surface tes	in pressures, whether t, along with final char	shut-in pres	sure reache	ed static level,	hydrostatic press	sures, bottom h	ole tempe	ature, fluid
Drill Stem Tests Taken				Log	Formation	n (Top), Depth an	d Datum	Sample	
Samples Sent to Geological Survey			Name			Тор		Datum	
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)		Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings se	G RECORD	New	Used	on, etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		ght / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
	Dillied	Set (III O.D.)	LDS.	/ 1 1.	Бериі	Cement	Osed	Aut	iitive5
		ADDITIONA	AL CEMENTI	NG / SQUEI	EZE RECORD				
Purpose:  —— Perforate  —— Protect Casing  —— Plug Back TD	Depth Top Bottom	Type of Cement # Sacks		s Used		Type and F	and Percent Additives		
Plug Off Zone									
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 A	ıt:	Liner Run:	Yes No			
Date of First, Resumed Pr	roduction, SWD or ENH	R. Producing Me	ethod:	ng Ga	as Lift	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bk	ols. (	Gas-Oil Ratio		Gravity
DISPOSITION	N OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:						AL:		
Vented Sold	Used on Lease	Open Hole	Perf.	Dually C (Submit AC		nmingled mit ACO-4)			
(If vented, Subm	nit ACO-18.)	Other (Specify)							