

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1098251

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 #:
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	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
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:	
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	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operation
Dual Completion Permit #:	Operator Name:
☐ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec Twp S. R East West
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 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 Sh	eets)	Yes No		og Formatio	Formation (Top), Depth and		Sample	
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitted I (If no, Submit Copy)	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			-conductor, surface, inte	-	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	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated						ement Squeeze Record d of Material Used)	Depth		
TUBING RECORD:	Si	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas Mcf Wate		er	Bbls.	Gas-Oil Ratio	Gravity		
			1							
DISPOSITION OF GAS:				METHOD OF COMPLE			TION:		PRODUCTION INTER	RVAL:
Vented Sold Used on Lease			Open Hole Perf. Dually (Submit.)			, Comp. 4C <i>O-5)</i>	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)			Other (Specify)							

Form	ACO1 - Well Completion
Operator	Kimzey, Marvin T. dba Kimzey Drilling
Well Name	Sanders K 4
Doc ID	1098251

Tops

Name	Тор	Datum
lime	7	177
shale	177	123
lime	390	116
shale	506	94
lime	600	3
shale	603	19
sand	622	9
shale	631	33
td	664	

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		ADDITIONAL CHARGE 2	DELAY TIME			UNLOADING TIME	BOL TA JATOT	9IAT GNUOA JA
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	St "192"	\$ Jep.		9. OTHER	4. CONTRACTOR BROKE DOWN 5. ADDED WATER	START UNLOADING	ARIVED JOB	LEFT PLANT
0	St * 192	\$ 1sto		6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK PHEAD ON JOB			
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	EXTENDED PRICE	UNIT PRICE	1	8Lb11		DESCRIPTION	CODE #20/UU/	xcess Delay Time Charged @ QUANTITY
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and a	TICKET NUMBER	SLUMP	MIAT AƏTAW	BATCH#	YARDS DEL.	FOVD #	atel AT	DATE
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