

## 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:	Spot Description:					
Address 1:	SecTwpS. R 🗌 East 🗌 West					
Address 2:	Feet from North / South Line of Section					
City:	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?					
If Workover/Re-entry: Old Well Info as follows:	sx cm.					
Operator:	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: License #:					
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Quarter Sec TwpS. R East West           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:				

Operator Name:			Lease Nam	ie:			Well #:		
Sec Twp	S. R	East West	County:						
time tool open and clos	sed, flowing and shut- s if gas to surface tes	base of formations per in pressures, whether s t, along with final chart well site report.	shut-in pressure	reached s	tatic level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S	theets)	Yes No	[	Log	Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geole	•	Yes No	1	Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	l Electronically	Yes No Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings set-	RECORD		Used	on, etc.			
Purpose of String	Size Hole Drilled	Size Hole Size Casing		5	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
	263	001 ( 0.2.)	Lbs. / Ft.		<u> </u>	Comon	0000		
		ADDITIONA	L OFMENTING /	00115575	DECORD				
Purpose:	Depth		L CEMENTING /		RECORD	Time and	Darsont Additives		
Perforate	Top Bottom	Type of Cement	# Sacks Use	cks Used Type and Percent Additives					
Protect Casing Plug Back TD									
Plug Off Zone									
	PERFORATIO	N RECORD - Bridge Plu	as Set/Tyne		Acid Fra	ture Shot Ceme	nt Squeeze Record	Н	
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					nount and Kind of N		u	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes N	0		
Date of First, Resumed I	Production, SWD or ENH	R. Producing Me	thod:	Gas Li	ft C	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bl	ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		METHOD OF COI	MPLETION:			PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open Hole		Dually Comp		nmingled			
(If vented, Sub	mit ACO-18.)	Other (Specify)	(Su	bmit ACO-5)	(Subi	nit ACO-4) —			

## **Summary of Changes**

Lease Name and Number: Maschler 32

API/Permit #: 15-121-29249-00-00

Doc ID: 1099656

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value			
Approved Date	10/24/2012	11/08/2012			
Ground Surface Elevation	986	982			
LocationInfoLink  Number of Feet East or West From Section Line	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=7&to 2090	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=7&to 2160			
Number of Feet North	1290	1415			
or South From Section	1290	1415			
Line Quarter Call 2	SW	NW			
Quarter Call 3	NW	SW			
Quarter Call 4 - Smallest	NE	SE			
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 97361	//kcc/detail/operatorE ditDetail.cfm?docID=10 99656			