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: 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? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from: sx cmt.				
Operator:	D. 111. El 11.14				
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  Plug Back: Plug Back Total Depth  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:  ENHR Permit #:  GSW Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:  Operator Name:  Lease Name: License #:  Quarter Sec Twp S. 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 I II Approved by: Date:				

Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart( well site report.	hut-in pressure read	ched static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taker (Attach Additional		Yes No	L	og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geo	ological Survey	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		Report all strings set-		ermediate, producti			
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 / SQL	 JEEZE RECORD			
Purpose:  —— Perforate  —— Protect Casing  —— Plug Back TD  —— Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used				
	DEDEODATI	ON DECORD - Deidag Diva	o Cot/Time	Acid Fro	atura Shat Caman	t Squaaza Baaar	4
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs S Specify Footage of Each Interval Perfora			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind 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 Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	ols. (	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPLE	ETION: PRODUCTION INTERVAL:			
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled		
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit )	400-5) (Sub	mit ACO-4)		

## **Summary of Changes**

Lease Name and Number: Maschler 31

API/Permit #: 15-121-29248-00-00

Doc ID: 1099657

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value		
Approved Date	10/24/2012	11/06/2012		
Ground Surface Elevation	985	983		
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=7&to	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=7&to		
Number of Feet East or West From Section Line	1890	1900		
Number of Feet North or South From Section Line	1490	1550		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=10 97358	//kcc/detail/operatorE ditDetail.cfm?docID=10 99657		