

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1102805

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 Cast / 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:
	SIOW	Amount of Surface Pipe Set and Cemented at: Feel
Gas D&A ENHR		Multiple Stage Cementing Collar Used? Yes No
	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:		Drilling Fluid Management Plan
Well Name:		(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total D	Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENH	IR Conv. to SWD	Dewatering method used:
Conv. to GS	N	
Plug Back: Plug Ba	ck Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:		Operator Name:
Dual Completion Permit #:		Lease Name: License #:
SWD Permit #:		
ENHR Permit #:		Quarter Sec TwpS. R East West
GSW Permit #:		County: Permit #:
	mulation Data an	
	ecompletion Date or	

### 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 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 Shi	eets)	Yes No		og Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B <i>(If no, Submit Copy)</i> List All E. Logs Run:	Electronically	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No					
				ew Used	·		
	Cize Hele		-conductor, surface, inte		1	# Sacks	Time and Dercent
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	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot			RECORD - Bridge Plugs Set/Type otage of Each Interval Perforated					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)						
TUBING RECORD: Size: Date of First, Resumed Production, SWD or I Estimated Production Per 24 Hours Oil DISPOSITION OF GAS:		ze:	Set At: Packer At:					Run:	No					
Date of First, Resumed	Product	ion, SWD or ENHF	۶.	Producing N		ping	Gas Lift	Other (Explain)						
		Oil Bb	ls. Gas		Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity				
									ſ					
DISPOSITI	ON OF (	GAS:			METHOD	OF COMPLE	TION:		PRODUCTION IN	FERVAL:				
		Used on Lease		Open Hole	Perf.	Dually (Submit)	Comp. AC <i>O-5)</i>	Commingled (Submit ACO-4)						
(If vented, Su	)-18.)		Other (Specify	)										



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# TREATMENT REPORT

Costomer A M	1000	w + 1		, 	<u> </u>	Lease	No	<u> </u>	<u> </u>	<u> </u>										
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Volume	Depth Volume	<u>)v,     P</u> F	trone		То	3.8	16.9	Gal.		2Ga		A	43		-	1511-	5 Min.	<u> </u>		
Max Press	Max Pre	F	rom		То		FR					4in	<u> </u>				10 Min.	<u> </u>	· .	. ·
		/ F	rom		To		E.	20C			A	vg				-+-	15 Min.	<u> </u>		<u></u>
V 1101 Plug Depth	tion Annulus Packer I	F VOI.	rom		То						Н	HP Used					Алnulus P	ressure		
_		' IF	rom		То			ush No	ne		G	as Volum	e	<u> </u>			Total Load			<b></b> ·
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