

Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1110099

Form ACO-1
August 2013
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 #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane) ☐ Cathodic ☐ Other (Core, Expl., etc.): ☐  If Workover/Re-entry: Old Well Info as follows:  Operator: ☐  Well Name:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet  If Alternate II completion, cement circulated from:   feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	'
□ Deepening       □ Re-perf.       □ Conv. to ENHR       □ Conv. to SWD         □ Plug Back       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
□ Commingled         Permit #:	Chloride content: ppm Fluid volume: bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec.         TwpS. R East West           County:         Permit #:

#### **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
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II III Approved by: Date:

Page Two



Operator Name:				Lease N	lame: _			Well #:			
Sec Twp	S. R	East	West	County:							
<b>INSTRUCTIONS:</b> Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whet	her shut-in pre	ssure reach	ned stati	c level, hydrostat	tic pressures, bott				
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital ele	ctronic log	
Drill Stem Tests Taken (Attach Additional S		Ye	s No		L		n (Top), Depth an			nple	
Samples Sent to Geol	ogical Survey	Ye	s No		Nam	е		Тор	Dat	um	
Cores Taken Electric Log Run		☐ Ye									
List All E. Logs Run:											
			CASING	RECORD	Ne	w Used					
		Repor	t all strings set-c	conductor, su	rface, inte	rmediate, producti	on, etc.		ı		
Purpose of String	Size Hole Drilled		Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and Addit		
			ADDITIONAL	CEMENTIN	IG / SQL	EEZE RECORD					
Purpose:  Perforate Protect Casing Plug Back TD	Perforate Top Bottom Top Bottom				Used	Type and Percent Additives					
Plug Off Zone											
Did you perform a hydrau Does the volume of the to Was the hydraulic fractur	otal base fluid of the hydra	aulic fractur	0	,	0	? Yes	No (If No, ski	o questions 2 ar o question 3) out Page Three		)	
Shots Per Foot			- Bridge Plugs Set/Type ch Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)					
TUBING RECORD:	Size:	Set At:		Packer At		Liner Run:					
TOBING NECOND.	Size.	Sel Al.		Facker At	•	_	Yes No				
Date of First, Resumed	Production, SWD or ENF	IR.	Producing Meth	nod:	e 🗆	Gas Lift O	ther (Explain)				
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	(	Gravity	
DISPOSITIO	ON OF GAS:		N	METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL	<u>.</u>	
Vented Sold			pen Hole	Perf.	Dually	Comp. Com	nmingled				
(If vented, Sub	omit ACO-18.)		ther (Specify)		(Submit )	100-5) (Subi	mit ACO-4)				



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

## FIELD SERVICE TICKET

1718 07331 A

DATE OF /-Z	4-13 DIS	STRICT PRATI	1,1/5		NEW OI W	LD F	PROD INJ	□WDW		USTOMER RDER NO.:	
CUSTOMER 5 Z	DOKY.	DE MIAN	ACEME	201	LEASE 5	IRO	14	Diet A 1724		WELL NO	. 2
ADDRESS				-,	COUNTY	PRA.	77	STATE	4	5.	
CITY		STATE			SERVICE CRE	EW /	1.4				
AUTHORIZED BY					JOB TYPE:	54	KES	1	ACN	W	
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					100-10-10-1		START OPER	RATION		AM	-17 (4)
							FINISH OPER	RATION		AM PM	
							RELEASED			AM	a Soci
					Cesa ar v		MILES FROM	STATION TO	WELL		
ITEM/PRICE REF. NO.	MA	ATERIAL, EQUIPMENT	and the same of th			UNIT	QUANTITY		NIT PRICE		UNT
		7. oz			CHECK NO. 10		(WELL OWNE	R, OPERATOR	, CONT	RACTOR OR	AGENT)
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CHEN	MICAL / ACID DAT	rA:			RVICE & EQUIP TERIALS	PMENT		DUS	TOTAL	650	7.2

THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

REPRESENTATIVE

PORSLEY

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

SERVICE



## TREATMENT REPORT

Customer	TROK	107	Z Lease N	10. AftMe	201	The state of	Date			
Lease	SIRO	44	Well #	2	-		12	2-8	-17	
Field Ordon	Station	Fler	411,165	Casing	Depth	577	County	2417	-	State
Type Job	CNW	-lon	CSTRA	VG.	Formation	75-4	850	Legal D	escription	-27-17
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Max Press	Max Press	From	То	Frac		Avg			15 Min.	
Well Connecti	ion Annulus Vol		То			HHP Used	1		Annulus Pi	ressure
Plug Depth	Packer Dept		То	Flush		Gas Volum	ne		Total Load	
Customer Re	presentative	P DA		on Manager	-12/		Treater	Lon 11	NA	1
Service Units	19907	7	14/2	19000	-150	905	7.	195	9-10	2010
Driver Names	KC	1	1-274	11/10	MATO	21	1	1	150	5 1/8
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

### FIELD SERVICE TICKET 1718 00375 A

DATE OF/4/8	1/12	DISTRICT PRAT	7.Ks	/	NEW WELL	OLD U	DATE PROD INJ	TICKET NO	CUSTOMER ORDER NO.:	01			
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10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET

1718 07326 A

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						TOTAL		



DISTRICT

DATE OF JOB

CUSTOMER

**ADDRESS** 

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# FIELD SERVICE TICKET 1718 07410 A

CUSTOMER ORDER NO.:

WELL NO.

DATE TICKET NO.\_\_\_\_

STATE KS

☐ WDW

OLD PROD INJ

LEASE SIROKY

COUNTY

CITY		STATE		SERV	CE CREW	111.2,1	nelsor, Ca	House	
AUTHORIZED BY	- gramm	May .			YPE: CNW			1	ed to
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMEN <sup>-</sup>		TRUCK CALL	ED // DA		ME
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THE ABOVE MATERIAL AND SERVICE

ORDERED BY CUSTOMER AND RECEIVED BY:

ECEIVED BY:
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

**SERVICE** 

REPRESENTATIVE

FIELD SERVICE ORDER NO.



### TREATMENT REPORT

Customer	KY-01	1 000.10	+	Lease No.		The state of the s	124			Date					
	OKY	-1/4/201		Well # 2		A CONTRACTOR			11-	1	11.	- 30	-12	-	- I
Field Order #	Station	Pentt				Casing 3/	/	Depth	7	County	Pen	+		State	2
Type Job	14	103/1	Canto	P			Form	ation	,			Legal De	scription	- 13	2
PIPE		PERF	ORATIN	G DATA		FLUID US	SED			Т	REAT	MENT F	RESUME	Ξ	
Casing Size	Tubing Size	Shots/Ft			Acid	d		$\dashv$		RATE	PRES	SS	ISIP		
Depth <sub>307</sub>	Depth	From	To	)	Pre	Pad			Max				5 Min.		
Volume	Volume	From	To	)	Pad	1			Min				10 Min.		
Max Press	Max Press	From	To		Fra	С			Avg				15 Min.		
Well Connection	Annulus Vo		To	)					HHP Use	d			Annulus		re
Plug Depth	Packer Dep	eth From	Тс	)	Flu	sh			Gas Volu				Total Loa	ad	
Customer Repre	esentative	1		Station	n Man	ager DA	IF.	Sot	+	Treat	ter A	best	6/4-	)	
Service Units	37900 -	33708	20970	1982	6	19860									
Driver Names	ullivan	mels	0,)		laus	114									
	Casing Pressure	Tubing Pressure	Bbls. P			Rate					Servic	e Log		al <sub>3</sub> * :	
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Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

January 29, 2013

Brian Siroky Siroky Oil Management PO BOX 464 PRATT, KS 67124-0464

Re: ACO1 API 15-151-22401-00-00 Siroky #2 NE/4 Sec.20-27S-12W Pratt County, Kansas

#### **Dear Production Department:**

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully, Brian Siroky