

Kansas Corporation Commission Oil & Gas Conservation Division

1123757

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?				
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 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:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec Twp S. R				
☐ ENHR Permit #: ☐ GSW Permit #:	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:						

Side Two

1123757

Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and clo	sed, flowing and shues if gas to surface to	nd base of formations put-in pressures, whether est, along with final chall well site report.	er shut-in pressure re	ached static level,	hydrostatic press	sures, bottom h	ole temperature, fluid
Drill Stem Tests Taken (Attach Additional S		Yes No		Log Formation	n (Top), Depth an	d Datum	Sample
Samples Sent to Geol	ogical Survey	Yes No	Naı	me		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy	d Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
				New Used			
Purpose of String	Report all strings set-cor Size Hole Size Casing		et-conductor, surface, in Weight	Setting	on, etc. Type of	# Sacks	Type and Percent
r dipose of Stillig	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
	I	ADDITION	NAL CEMENTING / SQ	UEEZE RECORD			I
Purpose: Depth Type of Cement Top Bottom		# Sacks Used					
		31					
Protect Casing Plug Back TD							
Plug Off Zone							
Shots Per Foot	Shots Per Foot PERFORATION RECORD - Bridge Plugs Specify Footage of Each Interval Performance Specify Footage Specify Foota		Plugs Set/Type Perforated	Set/Type Acid, Fracture, Shot, Cated (Amount and Kir		Cement Squeeze Record d of Material Used) Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	NHR. Producing N		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wa	ater Bl	ols. (Gas-Oil Ratio	Gravity
DIODOGITIC	DN 05 040		METHOD OF OCCUP	FTIONI		DDOD! IOT!	NALIAITEDVA
	ON OF GAS:	Open Hole	METHOD OF COMP		nmingled	PRODUCTIO	ON INTERVAL:
Vented Sold		Other (Specify)	(Subm		mit ACO-4)		