

Kansas Corporation Commission Oil & Gas Conservation Division

124075

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 Approved by: Date:

Side Two



Operator Name:			Lease Name	ə:		_ Well #:	
Sec Twp	S. R	East West	County:				
ime tool open and clo	sed, flowing and shut s if gas to surface tes	d base of formations pe -in pressures, whether st, along with final chart well site report.	shut-in pressure	reached static leve	l, hydrostatic pres	sures, bottom h	ole temperature, fluid
Orill Stem Tests Taken (Attach Additional S		Yes No		Log Formati	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geolo	ogical Survey	Yes No	N	lame		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	I Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
		CASING Report all strings set	RECORD	New Used	ction. etc.		
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
		ADDITIONA	L CEMENTING / S	SQUEEZE RECOR	<u> </u>		
Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	1	Type and I	Percent Additives	
Shots Per Foot	PERFORATIO Specify F	ON RECORD - Bridge Plu ootage of Each Interval Pe	gs Set/Type erforated		acture, Shot, Cemen		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed I	Production, SWD or ENI	HR. Producing Me	thod:	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF GAS: Used on Lease mit ACO-18.)	Open Hole		ually Comp.	ommingled ubmit ACO-4)	PRODUCTIO	DN INTERVAL:

Phone: (620) 365-5588 Iola, Kansas 66749 P.O. Box 664 802 N. Industrial Rd.

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DESCRIPTION

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PS7/25

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1500 aga

GRAND TOTAL

Phone: (620) 365-5588 Iola, Kansas 66749 P.O. Box 664 802 N. Industrial Rd.

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DESCRIPTION

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D.S. CHELL BEST BROKE THE THE P. C.

Sacks

C17.188 \$1,88

<\$300, 600</p> 4974 90 UNII PRICE

EXTENDED PRICE

160 total sacks (2 mixing tickets

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