



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1136574
OIL & GAS CONSERVATION DIVISION

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- 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: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

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. _____ 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: _____



1136574

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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/>

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

Sam Brownback, Governor

June 20, 2013

Shelia Kennedy
Sanchez Oil & Gas Corporation
1111 BAGBY, STE 1800
HOUSTON, TX 77002

Re: ACO1
API 15-069-20431-00-00
Etling SWD 28-1
NW/4 Sec.28-27S-27W
Gray 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,
Shelia Kennedy

CASING CEMENTING DATA

WELL NAME & NUMBER				COUNTY	STATE	DATE CEMENTED
Etling SWD #28-1				GRAY	Kansas	March 19, 2013
Total Depth	Hole Size	Mud Wt.	Vis	PV	Gel Str	WL
6056	8 3/4	9.00	56	20	7/17/13	N/C
						Mud Type
						WB

CEMENT DATA

CEMENTING COMPANY: **BAKER HUGHES**

STAGE 1							
LEAD SLURRY COMPOSITION	SKS	YIELD	Volume CuFt	SLURRY WT	WTR RATIO		
Allied Light Wt-class H--65% Class H + 35% Pozmix +6% Gel +0.25 lb/sk Flo Seal	200	2.01	402	12.4	11.02		
				BATCH MIXED ?	NO		
TAIL SLURRY COMPOSITION	SKS	YIELD	Volume CuFt	SLURRY WT	WTR RATIO		
Allied Specialv Blend-class H--2% Gel + 10% Salt +6% Gyp + 5 lb/sx Gilsonite +0.5% FL-160	175	1.58	276.5	14.5	7.1		
				BATCH MIXED ?	NO		
STAGE 2							
LEAD SLURRY COMPOSITION	SKS	YIELD	Volume CuFt	SLURRY WT	WTR RATIO		
				BATCH MIXED ?			
TAIL SLURRY COMPOSITION	SKS	YIELD	Volume CuFt	SLURRY WT	WTR RATIO		
				BATCH MIXED ?			
TYPE OF WASH AHEAD OF CMT:	Super Flush			BBLs	20	PPG:	8.40
TYPE OF WASH BEHIND OF CMT:	FRESH WATER			BBLs	228.3	PPG:	8.33

EQUIPMENT DATA

CENTRALIZERS			
MFG, TYPE, POSITION	WEATHERFORD BOW SPRING	15	TOTAL CENTRALIZERS RUN :
6050,5965,5844,5717,5955, 5468,5340,5214,5088,4960, 4836, 4709,4582,4462,4335			

OPERATIONAL DATA

STARTED CIRC AT:	11:30	AM	ENDED CIRC AT:	12:30	PM	RATE BPM:	6	BPM
STARTED MIX AT:	13:00	PM		13:35	PM	RATE BPM:	6	BPM
PLUG DOWN @:	14:20	PM	RATE BPM:	6	BPM	Recip Csg	YES	5
DISPLACED PLUG W/	8.33	PPG	LOST RETURNS ?	N	NO	FINAL PSI	2125	PSI
BLED BACK:	2125	PSI	TOC ACTUAL:		TOC CAL:	2228	CMT RETURNED	0
BLED BACK:	2	BBLs	TOTAL VOL USED TO DISPLACE:	228	BBLs	BUMPED PLUG ?	500	PSI
DID LINER SETTING TOOL PULLED DRY ?							FLOATS HELD ?	Y
WHICH OF THE FLOAT JT.CONNECTIONS WERE THREAD LOCKED:						TOP		
RKB ELV =	2735.00	RKB-GL:	17	RKB-BH:	2752	CASING ABOVE RKB:	8.11	ft

(List Items Top to Bttom)

SIZE	WEIGHT	GRADE	CONN.	COND.	#JTS	FOOTAGE	DEPTH
7	26	L80	LTC	NEW	60	5976.61	-8.11
7	26	L80	LTC	NEW	FLOAT	1.28	5968.50
7	26	L80	LTC	NEW	1	84.75	5969.78
7	26	L80	LTC	NEW	SHOE	1.47	6054.53
							6056.00
							6056.00
							6056.00
							6056.00
WAS FILL-UP USED ?	NO	HOW MUCH PIPE WAS SAND BLASTED ?			None	CASING SEAT @	6,056
WHO RAN CSG?	D & K						
WAS CSG TORQUE TURNED ?	N	IF YES BY WHOM					
FULL RETURNS THRU CMT JOB							
MAX. LOGGING TEMP.	N/A	HOURS SINCE CIRC.FOR LOGGING;				SUPERVISOR:	Royce Coats

REVISED 04-21-2009

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REVISED 04-21-2009