

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1147634

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 Dorth / South Line of Section
City: State: Zip:+	Feet from East / 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:
	Amount of Surface Pipe Set and Cemented at: Fee
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	
CM (Coal Bed Methane)	If yes, show depth set: Feet
Cathodic Other (Core, Expl., etc.):	If Alternate II completion, cement circulated from:
If Workover/Re-entry: Old Well Info as follows:	feet depth to:w/sx cmt
Operator:	
	Drilling Fluid Management Plan
Well Name:	(Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	Chloride content: ppm Fluid volume: bbls
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Dewatering method used:
Conv. to GSW	
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 TwpS. R East Wes
ENHR Permit #:	County: Permit #:
GSW Permit #:	
Spud Date or Recompletion Date Date Reached TD Completion Date or 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

CORRECTION #1

1147634

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		Yes	No		Log	Formation	n (Top), Depth and	d Datum	Sample
(Attach Additional Shi Samples Sent to Geolog Cores Taken Electric Log Run Electric Log Submitted F	gical Survey	☐ Yes ☐ Yes ☐ Yes ☐ Yes	 □ No □ No □ No □ No 	Na	me			Тор	Datum
(If no, Submit Copy) List All E. Logs Run:									
		Dementer			New	Used			
		Report a	ii sungs set-c	onductor, surface, in	niermea	iate, producti	on, etc.	1	
Purpose of String	Size Hole Drilled	Size C Set (In		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	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e	ļ		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed P	Product	ion, SWD or ENH	۲.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
			1						I	
DISPOSITIO	DISPOSITION OF GAS: METHOD OF COMPLE			TION:		PRODUCTION INTER	VAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Uually		Commingled (Submit ACO-4)		
(If vented, Subr	nit ACC	-18.)		Other (Specify))					

Summary of Changes

Lease Name and Number: Rigney 1W-12

API/Permit #: 15-121-29393-00-00

Doc ID: 1147634

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	05/31/2013	06/14/2013
Method Of Completion - Perf	No	Yes
Perf_Material_1		Acid 250 gal 7.5% HCL
Perf_Record_1		430-440
Perf_Record_2		442-446
Perf_Shots_1		2
Perf_Shots_2		2
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 23876	//kcc/detail/operatorE ditDetail.cfm?docID=11 47634