

Kansas Corporation Commission Oil & Gas Conservation Division

1155383

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:	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?
If Workover/Re-entry: Old Well Info as follows:	
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:
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or 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

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

1155383

Operator Name:				_ Lease N	lame:			Well #:				
Sec Twp	S. R	East	West	County:								
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid		
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample		
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum		
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No									
List All E. Logs Run:												
		Report all	CASING I		New	Used mediate, producti	on, etc.					
Purpose of String	Size Hole Drilled	sing D.D.)	Weigi Lbs. /	ht	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives			
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD						
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Co	ement	# Sacks	Used		Type and	Percent Additives				
Shots Per Foot	PERFORATI Specify I	ON RECORD - Footage of Each	Bridge Plugs Interval Perfo	s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth		
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:						
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0				
				Mcf				Gas-Oil Ratio Gravity				
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTION INTERVAL:				
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually (nmingled mit ACO-4)					



TREATMENT REPORT

Sustomer	0.5 +	GAC	t	NC	Le	ase No.				Date								
Lease JOHN A						Well #						4-6-13						
Field Order #	Order # Station							Casing	/ Depth	Depth 3 8 0 6			NO	State				
Type Job						CN	w		Formation				Legal De	scription	-/U			
PIPE	E DATA	ı	PERF	ORAT	ING	DATA		FLUID U	JSED			REA	TMENT F	RESUME		-		
Casing Size	Tubing Siz	ze S	Shots/Ft			12. B		Acid Muo Flush			RATE	PRE	ss	ISIP				
Depth	Depth	F	rom		/ To	LS 0	-	Pod	140 Poz	Max			4.	5 Min.				
Volume &	Volume		rom			30_s	Pad		L Min					10 Min.				
Max Press	Max Press	s F	rom		То			Frac		Avg			15 Min.					
Well Connection		ol. F	rom		То	То				HHP Used			Annulus Pressure					
Plug Peetb 3	Packer De	epth F	rom		То		Flush 1/20		20	Gas Volume			Total Load					
Customer Rep	presentative	4.				Statio	n Mana	، ے کے gér	, Hy		Treat	er 1	Here	•				
Service Units	78443	198	89	198	43	198	26	19860										
Driver Names	Allen	21	omu	or D	0	AΛ	02	سوريا. د										
Time	Casing Pressure	Tub Pres	oing sure	Bbls	. Pum	ped	F	Rate				Serv	ice Log 👢	ANDm	ANK	<u> </u>		
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