



KANSAS CORPORATION COMMISSION 1155440
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1155440



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

Sec. _____ Twp. _____ S. 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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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				

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) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

The Road to Excellence Starts with Safety

Sold To #: 346244	Ship To #: 2931286	Quote #:	Sales Order #: 9568553
Customer: DEVON ENERGY PROD CO LP-EBUSINESS		Customer Rep: Carter, Dan	
Well Name: Sudan Interior Mission		Well #: 1-17	API/UWI #:
Field:	City (SAP): GARDEN CITY	County/Parish: Finney	State: Kansas
Contractor: WORK OVER		Rig/Platform Name/Num: 1	
Job Purpose: Squeeze Hole in Casing			
Well Type: Producing Well		Job Type: Squeeze Hole in Casing	
Sales Person: COOPER, RONALD		Srvc Supervisor: RALSTON, ANTHONY	MBU ID Emp #: 448065

Job Personnel

HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #	HES Emp Name	Exp Hrs	Emp #
CLEMENS, ANTHONY Jason	7	198516	MARTINEZ, RUDY	7	512317	MOORE, JEFFREY Dustin	7	491132
RALSTON, ANTHONY Kenneth	7	448065						

Equipment

HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way	HES Unit #	Distance-1 way

Job Hours

Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours	Date	On Location Hours	Operating Hours
06/05/2012	7	4						

TOTAL Total is the sum of each column separately

Job				Job Times			
Formation Name	Formation Depth (MD)	Top	Bottom	Called Out	Date	Time	Time Zone
Form Type			BHST	On Location	05 - Jun - 2012	06:30	CST
Job depth MD	2094. ft		Job Depth TVD	Job Started	05 - Jun - 2012	09:37	CST
Water Depth			Wk Ht Above Floor	Job Completed	05 - Jun - 2012	09:37	CST
Perforation Depth (MD)	From 2,190.00 ft	To 2,507.00 ft	Departed Loc	05 - Jun - 2012	02:30		CST

Well Data

Description	New / Used	Max pressure psig	Size in	ID in	Weight lbm/ft	Thread	Grade	Top MD ft	Bottom MD ft	Top TVD ft	Bottom TVD ft
5 1/2 Production Casing	Used		5.5	4.95	15.5		K-55		4094.		
5 1/2 Retainer	New		5.5	4.95	15.5		K-55	2800.	2801.		
8 5/8 Surface Casing	Unknown		8.625	8.097	24.	BTC	K-55		951.		
2 3/8 Tubing	Unknown		2.375	1.995	4.7		J-55		2800.		
Squeeze Perfs				.42				2890.	2891.		

Tools and Accessories

Type	Size	Qty	Make	Depth	Type	Size	Qty	Make	Depth	Type	Size	Qty	Make
Guide Shoe					Packer					Top Plug			
Float Shoe					Bridge Plug					Bottom Plug			
Float Collar					Retainer	1	5.5			SSR plug set			
Insert Float										Plug Container			
Stage Tool										Centralizers			

Miscellaneous Materials

Gelling Agt	Conc	Surfactant	Conc	Acid Type	Qty	Conc	%
Treatment Fld	Conc	Inhibitor	Conc	Sand Type	Size	Conc	Qty

Fluid Data									
Stage/Plug #: 1									
Fluid #	Stage Type	Fluid Name	Qty	Qty uom	Mixing Density lbm/gal	Yield ft3/sk	Mix Fluid Gal/sk	Rate bbl/min	Total Mix Fluid Gal/sk
1	Produced Water		50.00	bbl	8.5	.0	.0	2.5	
2	Fresh		5.00	bbl	8.4	.0	.0	2.5	
3	SqueezeCem (TM)	SQUEEZECM (TM) SYSTEM (452971)	200.0	sacks	16.	1.13	4.79	2.5	4.79
	0.3 %	CFR-3, W/O DEFOAMER, 50 LB SK (100003653)							
	0.3 %	HALAD(R)-23, 50 LB (101209204)							
	0.5 %	D-AIR 5000, 50 LB SACK (102068797)							
	0.25 lbm	POLY-E-FLAKE (101216940)							
	4.792 Gal	FRESH WATER							
4	Fresh Water		5.00	bbl	8.3	.0	.0	1.5	
Calculated Values			Pressures			Volumes			
Displacement	7.6	Shut In: Instant		Lost Returns	No	Cement Slurry	40	Pad	
Top Of Cement		5 Min		Cement Returns		Actual Displacement	7.6	Treatment	
Frac Gradient		15 Min		Spacers		Load and Breakdown		Total Job	
Rates									
Circulating	2.5	Mixing	2.5	Displacement	1.5	Avg. Job	2.5		
Cement Left In Pipe	Amount	0 ft	Reason						
Frac Ring # 1 @	ID	Frac ring # 2 @	ID	Frac Ring # 3 @	ID	Frac Ring # 4 @	ID		
The Information Stated Herein Is Correct				Customer Representative Signature <i>Daniel K. Carter</i>					

The Road to Excellence Starts with Safety

Sold To #: 346244		Ship To #: 2931286		Quote #:		Sales Order #: 9568553	
Customer: DEVON ENERGY PROD CO LP-EBUSINESS				Customer Rep: Carter, Dan			
Well Name: Sudan Interior Mission			Well #: 1-17		API/UWI #:		
Field:	City (SAP): GARDEN CITY	County/Parish: Finney			State: Kansas		
Legal Description:							
Lat:				Long:			
Contractor: WORK OVER			Rig/Platform Name/Num: 1				
Job Purpose: Squeeze Hole in Casing					Ticket Amount:		
Well Type: Producing Well				Job Type: Squeeze Hole in Casing			
Sales Person: COOPER, RONALD			Srvc Supervisor: RALSTON, ANTHONY		MBU ID Emp #: 448065		

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Call Out	06/04/2012 23:00							
Pre-Convoy Safety Meeting	06/05/2012 02:00							DISCUSS ROUTES, FOLLOWING DISTANCE, AND COMPLETED JOURNEY MANAGMENT
Depart from Service Center or Other Site	06/05/2012 02:10							
Arrive At Loc	06/05/2012 06:30							
Assessment Of Location Safety Meeting	06/05/2012 06:45							ASSESS AND SPOT EQUIPMENT
Pre-Rig Up Safety Meeting	06/05/2012 08:30							DISCUSS PINCH POINTS, RED ZONE, TRIPPING HAZARDS, AND PPE
Rig-Up Completed	06/05/2012 09:00							
Pre-Job Safety Meeting	06/05/2012 09:15							DISCUSS RATES/PRESSURES/E MERGENCY PLAN/LEAKS AND HSE STANDARDS
Test Lines	06/05/2012 09:37							TEST LINES 3000 PSI; Fixed Some Leaks, Retested Good.
Other	06/05/2012 09:52			1.5			500.0	Load Backside 500 PSI
Pump Spacer	06/05/2012 09:57		2.5	50		330.0		PUMP 50 BBLS PRODUCE WATER
Pump Spacer	06/05/2012 10:25		2.5	5		510.0		PUMP 5 BBLS FRESH WATER

Activity Description	Date/Time	Cht #	Rate bbl/min	Volume bbl		Pressure psig		Comments
				Stage	Total	Tubing	Casing	
Pump Lead Cement	06/05/2012 10:25		2.5	40		366.0		40 BBLS CMT @ 2.5 BPM, 16 PPG
Pump Displacement	06/05/2012 10:45		1.5	3.5	7.6	.0		Pump 3.5 bbls Displacement, Shut down to to Stage displacment; wait 5 minutes, Well Still sucking; shut down and waited 30 minutes.
Pump Displacement	06/05/2012 10:53		0	1	7.6	.0		Stage Displacement, Well Sucking
Pump Displacement	06/05/2012 11:01		0	0.5	7.6	.0		Stage Displacement, Sucking, 1/2 Bbls, Shut Down
Pump Displacement	06/05/2012 11:29		0	0.5	7.6	.0		Stage Displacment, Well sucking Wait 1/2 Hour
Clean Lines	06/05/2012 11:35							
Pump Displacement	06/05/2012 11:59		0.8	1.5	7.6	825.0		Stage Displacment, Pump 1/2 Bbls Wait 15 Minutes
Pump Displacement	06/05/2012 12:15		0.8	0.5	7.6	800.0		Pump 1/2 BBL Displacment Showed Possible Squeeze; Presure to 800 PSI, Slowly Fell to 230 PSI
Pre-Rig Down Safety Meeting	06/05/2012 12:40							Discuss Pinch Points, Tripping Hazards and Red Zone Dangers.
Rig-Down Completed	06/05/2012 13:33							
Pre-Convoy Safety Meeting	06/05/2012 14:00							Discuss Routes, DOT Compliance, and used Journey Managment
Depart Location for Service Center or Other Site	06/05/2012 14:04							THANK YOU FOR CHOOSING HALLIBURTON ENERGY SERVICES!!

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

September 05, 2013

Aletha Dewbre
Devon Energy Production Company, L.P.
333 W SHERIDAN AVE
OKLAHOMA CITY, OK 73102-5015

Re: ACO1
API 15-055-20240-00-01
SUDAN INTERIOR MISSION 1-17
SE/4 Sec.17-22S-34W
Finney 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,
Aletha Dewbre

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

September 10, 2013

Aletha Dewbre
Devon Energy Production Company, L.P.
333 W SHERIDAN AVE
OKLAHOMA CITY, OK 73102-5015

Re: ACO-1
API 15-055-20240-00-01
SUDAN INTERIOR MISSION 1-17
SE/4 Sec.17-22S-34W
Finney County, Kansas

Dear Aletha Dewbre:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/29/2012 and the ACO-1 was received on September 06, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department