



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

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 DistributionALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



1159710

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 (Attach Additional Sheets)	<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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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08-21-13

Great Plains Fluid Svc set 17 500 bbl frac tanks then filled them w/ well from Gregg Ranch. RU Basic Energy Svc frac equipment, frac well as follows: Stage #1; 66,000 gal pad, 1234# @ 72.3 bpm. Stage #2; 20,000 gal w/ .1# of 30/50 sand, 1193# @ 72.3 bpm. Stage #3; 21,000 gal w/ .2# of 30/50 sand, 1184# @ 72.4 bpm. Stage #4; 21,000 gal w/ .3# of 30/50 sand, 1179# @ 72.4 bpm. Stage #5; 26,000 gal w/ .4# of 30/50 sand, 1182# @ 72.1 bpm. Stage #6; 26,000 gal w/ .5# of 30/50 sand, 1175# @ 72.2 bpm. Stage #7; 26,000 gal w/ .6# of 30/50 sand, 1175# @ 72.4 bpm. Stage #8; 26,000 gal w/ .7# of 30/50 sand, 1185# @ 72.2 bpm. Stage #9; 26,000 gal w/ .8# of 30/50 sand, 1189# @ 72.5 bpm. Stage #10; 23,000 gal w/ .9# of 16/30 sand, 1145# @ 71.8 bpm. Stage #11; 20,000 gal w/ 1# of 16/30 sand, 1124# @ 71.6 bpm. Stage #12; 4,000 gal w/ 1.5# of 16/30 resin sand, 1112# @ 71.8 bpm. Stage #13; 2,000 gal w/ 2# of 16/30 resin sand, 1156# @ 71.8 bpm. Stage #14; 6,300 gal flush, 1166# @ 72.0 bpm. ISIP – 979#, 5 min – 699#, 10 min – 646# & 15 min – 599#. Total load – 7650 bbl. RDMO Basic Energy Svc. SDFN

Summary of Changes

Lease Name and Number: Charlie Brown 1-24

API/Permit #: 15-033-21688-00-01

Doc ID: 1159710

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	05/20/2013	09/25/2013
Date of First or Resumed Production or SWD or Enhr Perf_Material_5	05/07/2013	09/09/2013 Frac Job-See Attached
Producing Method Other	Yes	No
Producing Method Other Detail	SI	
Producing Method Pumping	No	Yes
Production - Barrels Oil	0	10
Production - Barrels of Water	0	500
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=11 40182	../kcc/detail/operatorE ditDetail.cfm?docID=11 59710
Tubing Record - Set At	none	4741

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Tubing Size	none	2 7/8"

Summary of Attachments

Lease Name and Number: Charlie Brown 1-24

API: 15-033-21688-00-01

Doc ID: 1159710

Correction Number: 1

Attachment Name

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1140182

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:

- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Re-Entry | <input type="checkbox"/> Workover |
| <input type="checkbox"/> Oil | <input type="checkbox"/> WSW | <input type="checkbox"/> SWD |
| <input type="checkbox"/> Gas | <input type="checkbox"/> D&A | <input type="checkbox"/> ENHR |
| <input type="checkbox"/> OG | <input type="checkbox"/> GSW | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) | | |
| <input type="checkbox"/> Cathodic | <input type="checkbox"/> Other (Core, Expl., etc.): _____ | |

If Workover/Re-entry: Old Well Info as follows:

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Well Name: _____

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- | | | | |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
| | | <input type="checkbox"/> Conv. to GSW | |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth | | |
| <input type="checkbox"/> Commingled | Permit #: _____ | | |
| <input type="checkbox"/> Dual Completion | Permit #: _____ | | |
| <input type="checkbox"/> SWD | Permit #: _____ | | |
| <input type="checkbox"/> ENHR | Permit #: _____ | | |
| <input type="checkbox"/> 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

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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: _____