

## Kansas Corporation Commission Oil & Gas Conservation Division

1163428

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: State: Zip:+	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?
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:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR         Permit #:           ☐ GSW         Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date 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

1163428

Operator Name:			Lease Nam	ie:			Well #:		
Sec Twp	S. R	East West	County:						
time tool open and clos	sed, flowing and shut- s if gas to surface tes	base of formations per in pressures, whether s t, along with final chart well site report.	shut-in pressure	reached s	tatic level,	hydrostatic pres	ssures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taken (Attach Additional S	theets)	Yes No	[	Log	Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geole	•	Yes No	1	Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitted (If no, Submit Copy)	l Electronically	Yes No Yes No Yes No							
List All E. Logs Run:									
		CASING Report all strings set-	RECORD		Used	on, etc.			
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	5	Setting Depth	Type of Cement	# Sacks Used	, ,,	and Percent dditives
	263	001 ( 0.2.)	2001711		<u> </u>	Comon	0000		
		ADDITIONA	L OFMENTING /	00115575	DECORD				
Purpose:	Depth		L CEMENTING /		RECORD	Time and	Darsont Additives		
Perforate	Top Bottom	Type of Cement	# Sacks Use	d		Type and	Percent Additives		
Protect Casing Plug Back TD									
Plug Off Zone									
	PERFORATIO	N RECORD - Bridge Plu	as Set/Tyne		Acid Fra	ture Shot Ceme	nt Squeeze Record	Н	
Shots Per Foot	Specify Fo	ootage of Each Interval Pe	rforated			nount and Kind of N		u	Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Line	r Run:	Yes N	0		
Date of First, Resumed I	Production, SWD or ENH	R. Producing Me	thod:	Gas Li	ft C	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf	Water	Bl	ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		METHOD OF COI	MPLETION:			PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open Hole		Dually Comp		nmingled			
(If vented, Sub	mit ACO-18.)	Other (Specify)	(Su	bmit ACO-5)	(Subi	nit ACO-4) —			

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