

Cor	nfiden	tiality	/ Requested	d:
	Yes	N	lo	

### Kansas Corporation Commission Oil & Gas Conservation Division

1165924

Form ACO-1
August 2013
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 #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil         □ WSW         □ 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:         □ Well Name:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening       □ Re-perf.       □ Conv. to ENHR       □ Conv. to SWD         □ Plug Back       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
□ Commingled         Permit #:	Chloride content:ppm Fluid volume:bbls  Dewatering method used:  Location of fluid disposal if hauled offsite:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:            Lease Name:    License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	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 Distribution					
ALT I II Approved by: Date:					

Page Two



Operator Name:				Lease N	Name:			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken Yes No (Attach Additional Sheets)						3	n (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es No		Name	9		Тор	L	Datum
Cores Taken		☐ Ye								
List All E. Logs Run:										
			CASING	RECORD	☐ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	# Sacks Used Type and Percent Additives					
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	this well?	,			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC	)-1)
				e, Shot, Cement Squeeze Record  nt and Kind of Material Used)  Depth						
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g $\square$	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bi	ols.	Gas-Oil Ratio		Gravity
DIODOGITI	ON OF CAS:			AETLIOD OF	COMPLE	TION		BDOD! IOT!	או ואודכטי	
Vented Sold	ON OF GAS:  Used on Lease		) Open Hole	METHOD OF Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	YN INTEK	/AL.
(Submit ACO-5) (Submit ACO-4)  (If vented, Submit ACO-18.)  Other (Specify)										

Form	ACO1 - Well Completion			
Operator	Farmer, John O., Inc.			
Well Name	Frasca 1			
Doc ID	1165924			

## Tops

Name	Тор	Datum
Anhydrite	1663'	(+404)
Topeka	3047'	(-980)
Heebner Shale	3257'	(-1190)
Toronto	3279'	(-1212)
Lansing	3292'	(-1225)
Stark Shale	3465'	(-1398)
Base/KC	3491'	(-1424)
Arbuckle	3574'	(-1507)

Form	ACO1 - Well Completion			
Operator	Farmer, John O., Inc.			
Well Name	Frasca 1			
Doc ID	1165924			

## Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3208-14' (Plattsmouth)	(Non-productive)	
4	3279-84' (Toronto)	(Non-productive)	
4	3294-98 (Lansing "A")	(Non-productive)	
4	3362-67' (Lansing "E")	350 gals. 15% NE	(new prioducing zone after WO)
4	3445-59' (Lansing "I" & "J")	750 gals. 15% NE	(original zones opened)
4	3575-85' (Arbuckle)	300 gals. 15% NE	(Non-productive) so tite-not able to
			run a bridge plug

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/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Thomas E. Wright, Commissioner Jay Scott Emler, Commissioner

February 11, 2014

Marge Schulte Farmer, John O., Inc. 370 W WICHITA AVE PO BOX 352 RUSSELL, KS 67665-2635

Re: ACO-1 API 15-065-23488-00-00 Frasca 1 NE/4 Sec.29-07S-21W Graham County, Kansas

Dear Marge Schulte:

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 04/02/2012 and the ACO-1 was received on February 06, 2014 (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**