

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1161330

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 #: Dual Completion Permit #: SWD 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	QuarterSec. TwpS. REastWest 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 III Approved by: Date:					

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes [No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
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
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	Sacks Used		Type and P	ercent Additives	
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Into				cture, Shot, Cement		d Depth
	, ,	<u> </u>			,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)		

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

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

October 08, 2013

J C Hawes Glacier Petroleum Co., Inc. 825 COMMERCIAL ST PO BOX 577 EMPORIA, KS 66801-2914

Re: ACO1

API 15-197-20300-00-00

Wheat 1

NE/4 Sec.10-15S-11E

Wabaunsee 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, J C Hawes



TICKET NUMBER	43558
LOC ON Eure	40
FOREMAN STAU	Λ .

FIELD TICKET & TREATMENT REPORT

DATE	or 800-467-8676		L NAME & NUM	BER	SECTION	7-/97-203 TOWNSHIP	RANGE	COUNTY
	<u></u>				10	155	IIE	Wabauns
XO-/3 STOMER	33134	Wheat					i i	
F/acie	r Patroleu ESS	m Co. Z	nc.		TRUCK#	DRIVER	TRUCK#	DRIVER
					485	Alanm		
825 (Commerc	jal ST,			667	merte		
7		STATE	ZIP CODE					
mpor	a	KS	66801				C 54	1 2 2 1
TYPE_Sc	urface 0	HOLE SIZE	124			CASING SIZE & \		
ING DEPTH	1_312'	DRILL PIPE		_TUBING	***		OTHER	
RRY WEIGI	HT	SLURRY VOL_	Annie de la company de la comp	WATER gal	/sk	CASING_20'		
LACEMEN	T/8. 1/2661s	DISPLACEMEN	IT PSI	MIX PSI	4000000			
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Jay Fr	imp lobble	ahead N	15x 1655	rs Voss	ACEMENT	w/ 3% coc/	= , 1/6 (JE)	3 - 24
-Cole.	Displace	W/8/2	bbls Fros	water.	ShuTwell	In Goods	emeni Kaju	ras Fo
face	8 66570 p	Jo Jo	beomples	2 Lite april	とっ			
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CCOUNT	QUANITY	or UNITS	D	ESCRIPTION	of SERVICES or Pl	RODUCT	UNIT PRICE	TOTAL
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TIC T NUMBER 43577

LOCATION EUREKA

FOREMAN Keun Macoy

FIELD TICKET & TREATMENT REPORT

DATE				TAPE 15-1	TOWNSHIP	RANGE	COUNTY		
		Wheat			10	155	IIE	WAGAUNSEO	
STOMER	33/4	WITEH!		C /	70	<i>₩</i>			
	R Petroleum	Co. INC.		Summit	TRUCK#	DRIVER	TRUCK#	DRIVER	
LING ADDRE	ESP.O. Box 5			DRIT	485	Alaw M.			
				Co.	6//	Joey K.			
Y	Commercial	STATE	ZIP CODE	1		7			
Ena	RIA	Ks	66801						
TYPE P7		HOLE SIZE	7%	_ _ HOLE DEPTI	3300'	CASING SIZE &	WEIGHT		
		DRILL PIPE 4		TUBING			OTHER		
					ek	CEMENT LEFT I			
	Γ				PN	RATE	in CASING		
PLACEMEN		DISPLACEMEN	1 4" 20	MIX P3I	Co of Cons			•	
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			15-040	24144					
			15 5KS (2777					
			15 sks	0 1629					
			20 sts (9 330					
			25 sts (9 60 To	JURFACE				
CODE	QUANITY	OF UNITS			f SERVICES or P	1,00001	UNIT PRICE	TOTAL	
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5406	70		MILEAGE				7020	7/1.00	
	ar s	R.C.	10/15 B	G	4	Maring and California Constitution of the Cons	13.18	988.50	
1131	75 s ₁ 250 *			ZMIX Cel	778~1		22	55.00	
11188	230 4		Gel 4%				+	33.00	
	. 21			3	3 .		100/0	2/0 00	
5407	3.22 To	NUT	Tow MikeA	ge Bulk	Delv.		M/c	368.00	
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				04	22				
				de	7812				
							Sub Total	2790.5	
				THANK	/ou	7.65%	SALES TAX	79. 83	
3737			L	AA/	<u> </u>		ESTIMATED		
				-			TOTAL	2870.33	
	Tack			TITLE			DATE		

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.