Kansas Corporation Commission 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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	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.): If Workover/Re-entry: Old Well Info as follows:	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: sx cmt.
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 Plug Back: Plug Back Total Depth Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec TwpS. R
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 III Approved by: Date:				

CORRECTION #1

Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
time tool open and cl	osed, flowing and shu es if gas to surface te	nd base of formations pe at-in pressures, whether est, along with final chart well site report.	shut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid
Drill Stem Tests Take		☐ Yes ☐ No		og Formatio	n (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	ological Survev	☐ Yes ☐ No	Nam	ne		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Cop	ed Electronically	Yes No Yes No Yes No					
List All E. Logs Run:							
			RECORD No-	ew Used ermediate, producti	on, 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
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1		
Purpose: —— Perforate —— Protect Casing	Depth Top Bottom	Type of Cement	# Sacks Used	Sacks Used Type and Percent Additives			
Plug Back TD Plug Off Zone							
Shots Per Foot	PERFORATI Specify	ON RECORD - Bridge Plu Footage of Each Interval Pe	e Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			d Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or EN	IHR. Producing Me		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:		METHOD OF COMPL	_		PRODUCTIO	ON INTERVAL:
Vented Sol	d Used on Lease	Open Hole	Perf. Dually (Submit		mit ACO-4)		

Summary of Changes

Lease Name and Number: Randell 3319 1-35

API/Permit #: 15-033-21705-00-00

Doc ID: 1168832

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	11/12/2013	11/19/2013
Fluid Mngmt - County	Woods, OK	Grant County, OK
Fluid Mngmt - Fluid Volume	3050	1420
Fluid Mngmt - Operator License	56371	60374
Fluid Mngmt - Operator Name	Lojo Disposal	DFD Disposal
Fluid Mngmt - Quarter	SW	NE
Fluid Mngmt - Range	15	06
Fluid Mngmt - Section	10	30
Fluid Mngmt - Township	26	27
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=11 67219	//kcc/detail/operatorE ditDetail.cfm?docID=11 68832