

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1173605

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 # _____

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 Distribution

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

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;"> Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> 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	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G & J	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	35	Excess (%)	30%
Customer Acct #		TWP	11	Density	14
Well No.	Cowell 13-1	RGE	2	Water Required	7.9
Mailing Address		Formation		Yield	1.74
City & State		Tubing		Sacks of Cement	115
Zip Code		Drill Pipe		Slurry Volume	35.6
Contact		Casing Size	4 1/2	Displacement	18.2
Email		Hole Size	6 3/4	Displacement PSI	400/700
Cell		Casing Depth	1148	MIX PSI	400
Dispatch Location	BARTLESVILLE	Hole Depth	1162	Rate	4.5
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5402	FOOTAGE	1162	PER FOOT	\$0.23	\$ 267.26
5406	EQUIPMENT MILEAGE (ONE-WAY)	45	PER MILE	\$4.20	\$ 189.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
5621	4 1/2 INCH PLUG CONTAINER	1	PER UNIT	\$215.00	\$ 215.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				EQUIPMENT TOTAL	\$ 2,124.26
	Cement, Chemicals and Water				
1126	OWC. CEMENT (CAL SEAL) 6%OWC. 2% CAL.CHLORIDE 2% GE	115	0	\$19.75	\$ 2,271.25
1118B	PREMIUM GEL/BENTONITE (50#)	300	0	\$0.22	\$ 66.00
1107A	PHENOSEAL	80	0	\$1.35	\$ 108.00
1110A	KOL SEAL (50 # SK)	700	0	\$0.46	\$ 322.00
1111	GRANULATED SALT (50#) SELL BY #	750	0	\$0.39	\$ 292.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				CHEMICAL TOTAL	\$ 3,059.75
	Water Transport				
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ -
	Cement Floating Equipment (TAXABLE)				
	Cement Basket				
0			0	\$0.00	\$ -
	Centralizer				
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
	Float Shoe				
0			0	\$0.00	\$ -
	Float Collars				
0			0	\$0.00	\$ -
	Guide Shoes				
0			0	\$0.00	\$ -
	Baffle and Flapper Plates				
0			0	\$0.00	\$ -
	Packer Shoes				
0			0	\$0.00	\$ -
	DV Tools				
0			0	\$0.00	\$ -
	Ball Valves, Swedges, Clamps, Misc.				
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
	Plugs and Ball Sealers				
4404	4' 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
	Downhole Tools				
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 47.25
				SUB TOTAL	\$ 5,231.26
				SALES TAX	\$ 257.88
				TOTAL	\$ 5,489.14
				5% (-DISCOUNT)	\$ 274.46
				DISCOUNTED TOTAL	\$ 5,214.68

TRUCK	DRIVER NAME
656	John Wade
419	James Ness
579	Fildes, Jeff

AUTHORIZATION _____

TITLE _____

DATE _____

FOREMAN 



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377



P.O. Box 590
Caney, KS 67333

Operator

G&J OIL CO. INC.

Well No.

13-01

Lease

COWELL

Loc.

114

Sec.

10

Page

11

County

ntv

State

Type A8/all

Name _____

1

2-1-

1

1

Job No.

Casing Used 43' 8 5/8"

Cement Used

∞

TOOTIE

Rig No.

Hammer No.

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation
0	43	FORMATION SURFACE	885	891	SAND (OIL ODOR)			FORMATION
43	50	SHALE	891	1003	SHALE			
50	75	SANDY SHALE	1003	1005	LIME			
75	95	SHALE	1005	1039	BLK SHALE			
95	154	SANDY SHALE	1039	1043	LIME			
154	180	SAND (WATER)	1043	1047	SANDY SHALE			
180	295	SANDY SHALE	1047	1054	LIME			
295	327	SAND	1054	1105	SAND (WAYSIDE OIL ODOR)			
327	328	LIME	1105	1129	SHALE			
328	341	SANDY SHALE	1129	1162	LIME (ALTA MONT)			
341	346	SHALE						
346	347	SAND			1162'			
347	356	SHALE						
356	360	SAND						
360	375	SHALE						
375	420	SANDY SHALE						
420	431	LIME						
431	478	SHALE						
478	483	SAND						
483	484	LIME						
484	495	SHALE						
495	517	SAND (WATER)						
517	625	SHALE						
625	628	LIME						
628	634	SHALE						
634	670	SAND						
670	785	SANDY SHALE						
785	791	LIME						
791	876	SHALE						
876	878	LIME (LIGHT GAS ODOR)						
878	885	SANDY SHALE						