Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1174484

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
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	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Plug Back Conv. to GSW Conv. to Producer	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR     Permit #:	Operator Name:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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	1174484		
Operator Name:	Lease Name:	Well #:		
Sec TwpS. R East _ West	County:			
INCTRINCTIONS. Chave important tang of formations paratrated	atail all aaraa Bapart all final	apping of drill stome tools giving interval toolad, time tool		

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

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 (Attach Additional Sho	eets)	Yes No		-	on (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	rmediate, 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
		ADDITIONAL	CEMENTING / SQL	IEEZE RECORD			
		1					

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)

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					e	4		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	un:	No	
				Producing M	ethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbls.		Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:						_	PRODUCTION INT	ERVAL:		
Vented Sold Used on Lease				Open Hole Perf. Dually			Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	-18.)		Other (Specify)		Gubillit		(5001111 ACO-4)		

Customer" shall refer to the	TY OILV	eral Tax I.D.# 20	-2886107	ma, m	IC.
Phone 785-483-2025 Cell 785-324-1041	Home Offic	e P.O. Box 32 R	ussell, KS 67665	No not of make	. 7995
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# QUALITY OILWELL CEMENTING, INC. Federal Tax 1.D.# 20-2886107

Phone 785-483-202 Cell 785-324-1041	5 no ba	H materia	ome Office	P.O. B	lox 32 Ru	ssell, KS 67665	tool wittee mNo.	. 7280	
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