

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1179778

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.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:
	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
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:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of huid disposa if hadred offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	QuarterSec. TwpS. 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:								

	Page Two	1179778
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chow important tang of formations populated	Dotail all coros Report all	final copies of drill stoms tests giving interval tested, time teal

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 Sh	eets)	Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	rmediate, product	ion, 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			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
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

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

No

No

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						A		ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner Ru	n:	No	
Date of First, Resumed	Producti	ion, SWD or ENHF	} .	Producing N		oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
					METHOD OF COMPLETION: PRODUCTION INTERVAL:			TERVAL:		
Vented Solo	J 🗌 t	Jsed on Lease		Open Hole	Perf.	Uually (Submit)	Comp.	Commingled (Submit ACO-4)		
(If vented, Su	bmit ACO	D-18.)		Other (Specify))		,	(505/111 ACO-4)		

Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	Pfeifer 1-33
Doc ID	1179778

Tops

Name	Тор	Datum
Anhydrite	1944	+389
B/Anhydrite	1985	+348
Topeka	3420	-1087
Heebner	3636	-1303
Toronto	3659	-1326
Lansing	3673	-1340
B/KC	3906	-1573
RTD	3990	

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Hame Office D.O. Boy 20 Dungali KS 67665

		Dange		ounty	T	State	On Location	Finish
Sec. Date 7-2-13 33	Twp.	Range 24					CITEGOANON	2:00pm
Date 7-2-13 33	10	_ 29		rghm T-70			KIN IE I	
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Contractor Murfin 16				You are her	eby requ	lested to rent	t cementing equipment	and furnish
Type Job Plug						r to assist ow	vner or contractor to do	
Hole Size 7 1/8	T.D			Charge Ph	illps_	Exp		
Csg.	Depth	·		Street		· · · · · ·		
Tbg. Size	Depth			City			State	
Tool	Depth						and supervision of owner	
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Bulktrk 14 No. Driver	1			Gel. 8			n an an the second s	
Bulktrk PU No. Driver Driver Tr	avis			Calcium				
JOB SERVICE	S & REMA	RKS		Hulis				
Remarks:				Salt				
Rat Hole	· .			Flowseal	50#			
Mouse Hole				Kol-Seal			•	
Centralizers				Mud CLR 4	8		. *	
Baskets				CFL-117 or	CD110	CAF 38	•	
D/V or Port Collar	- 17.232a		1	Sand		Alle -		
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QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-202 Cell 785-324-1041	25	nstern He	ome Office	P.O. B	OX 32 HU	ssell, KS 6766	NO.	(402		
	Sec. 33	Twp.	Range 24	and the states	County	State	On Location	Finish 5:000M		
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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/

Shari Feist Albrecht, Chair Thomas E. Wright, Commissioner Mark Sievers, Commissioner Sam Brownback, Governor

January 21, 2014

James B. Phillips Phillips Exploration Company L.C. PO Box 850 Andover, KS 67002-0850

Re: ACO-1 API 15-065-23940-00-00 Pfeifer 1-33 SE/4 Sec.33-10S-24W Graham County, Kansas

Dear James B. Phillips:

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 06/07/2013 and the ACO-1 was received on January 15, 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