



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1184869  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_

1184869

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <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:				

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / 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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**OLIDATED**  
Well Services, LLC

2650262

TICKET NUMBER 45819  
LOCATION Eureka  
FOREMAN Steve Magd

Manute, KS 66720  
or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
7888	Grisier 9-13				Woodson	
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
Splechter Oil			485	Alan		
1586 Hwy. 54			479	Merle		
CITY	STATE	ZIP CODE	637	Jim		
Yate Center	Ks	66783				

JOB TYPE 4/5 HOLE SIZE \_\_\_\_\_ HOLE DEPTH 1042' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 1035' DRILL PIPE \_\_\_\_\_ TUBING 2 3/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 6 bbls DISPLACEMENT PSI 700\* <sup>Bump</sup> MIX-PSI plug 1200\* RATE \_\_\_\_\_

REMARKS: Safety Meeting. Rig up to 2 3/8 tubing Break circulation w/ 10 bbls Fresh  
Water. Mix 300\* Gal Flush \* 5 bbl water spacer. Mix 175 sks 60/40 Poz mix Cement  
w/ 5\* Kol-sol, 2% Gel \* 1% CaCl2. Shut down. Wash out pump & lines. STUFF  
2 plugs. Displace w/ 6 bbls Fresh water Final pumping Pressure 700\*, Bump  
plug to 1200\*. Shut well in w/ 500\*. Good cement Return to surface 6 bbl to  
PIT. Job Complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	30	MILEAGE	4.20	126.00 ✓
1131	175 sks	60/40 Poz mix Cement	13.18	1779.30 ✓
1110A	675 *	Kol-sol 5* per 100	.46	310.50 ✓
1118B	230 *	Gel 2%	.22	50.60 ✓
1102	115 *	CaCl2 1%	.78	89.70 ✓
1118B	300 *	Gel Flush	.22	66.00 ✓
5407	5.80 Ton	Ton Mileage bulk Truck	N/A/C	368.00 ✓
5502C	3 hrs	80 bbl vacuum Truck	90.00	270.00 ✓
1123	2500 gallons	CITY water	1.730/1000	43.25 ✓
4402	2	2 3/8 Rubber Plug	29.50	59.00 ✓
			Subtotal	4247.35 ✓
			SALES TAX	171.48 ✓
			ESTIMATED TOTAL	4418.83 ✓

completed

Ravin 3737  
 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's



**TREATMENT REPORT  
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-16-14		Grisier # 9-13				WO

CUSTOMER  
Splechter Oil & Tim Splechter

MAILING ADDRESS  
205

CITY Chanute STATE KS ZIP CODE 66720

*X Safety meeting attendees*

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Tosh		
490	Donnie		
478	Mark		
521	Matt		
61875	Joe		
679102	Junior		

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 SEUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>970-80 (21)</u>	<u>Squirrel</u>
<u>82-88 (13)</u>	

**TYPE OF TREATMENT**

Acid spot + frac

**CHEMICALS**

Kchwab-Biocide - Breaker  
Acid-inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>20</u>	<u>20</u>			<u>1300</u>	<u>BREAKDOWN 1200</u>
<u>16-30</u>		<u>20</u>	<u>1.5-1.0</u>	<u>3000#</u>		<u>START PRESSURE</u>
<u>12-20</u>			<u>1.0-2.0</u>	<u>1,200#</u>		<u>END PRESSURE</u>
<u>12-20 (7)</u>			<u>2.0</u>	<u>2500#</u>		<u>BALL OFF PRESS</u>
<u>12-20 (5)</u>			<u>1.0</u>		<u>1500</u>	<u>ROCK SALT PRESS</u>
<u>12-20</u>			<u>1.0</u>			<u>ISIP 575</u>
<u>12-20 (5)</u>		<u>20</u>	<u>2.0</u>	<u>1,000#</u>	<u>2300</u>	<u>5 MIN</u>
<u>12-20</u>		<u>18</u>	<u>1.5</u>			<u>10 MIN</u>
<u>12-20 (2)+(2)</u>	<u>(20)</u>	<u>18-15</u>	<u>1.0</u>		<u>2500</u>	<u>15 MIN</u>
<u>12-20 (1)</u>	<u>(20)</u>	<u>15</u>	<u>2.0</u>	<u>1,000#</u>	<u>2900</u>	<u>MIN RATE</u>
<u>FLUSH CASING</u>	<u>10</u>	<u>15</u>				<u>MAX RATE</u>
<u>Release balls to T.D.</u>			<u>TOTAL</u>	<u>9,000#</u>	<u>2400</u>	<u>DISPLACEMENT 5.7</u>
<u>OVERFLUSH</u>	<u>10</u>	<u>20</u>	<u>SAND</u>		<u>1300</u>	
<u>TOTAL PDBLS</u>	<u>170</u>					

REMARKS: X hold safety-procedure meeting before frac  
Spotted 100 gal -15% HCL acid on perts  
Blend 100 gal 15% HCL acid of for treating psi  
Location 2:00P - 3:00P 40 miles

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 1-16-14



