

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1190442

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:, (e.gxxx.xxxxx)
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	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:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	
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	1190442
Operator Name:	Lease Name:	Well #:
Sec TwpS. R □ East □ West	County:	
INCTRUCTIONS. Show important tang of formations panatrated	Datail all aaraa Banart a	Il final conice of drill stome tests giving interval tested, time test

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 She	eets)	Yes No		-	Formation (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne		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 / SQU	EEZE RECORD			
Purposo:	Denth						

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

No

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)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge P Each Interval F		e	,	Depth		
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	Producti	on, SWD or ENHF	} .	Producing N	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIO	ON OF G	as.			METHOD		TION		PRODUCTION IN	TERVAL ·
	POSITION OF GAS: METHOD OF COMPL Sold Used on Lease Open Hole Perf. Sold Used on Lease Submit				Dually	y Comp.				
(If vented, Sub	omit ACO	-18.)		Other (Specify)		(Subinit /	,	(Submit ACO-4)		

Phone 785-483-2025		Tax I.D.# 20-2886107 D. Box 32 Russell, KS 67665 No.	7723				
Cell 785-324-1041 Sec.	Twp. Range	County State On Location	Finish				
Date 7. 2.14 22	15 11	During Ve	1:4500				
Date 2 8-14 50	13117	applies Strate 1 0.1 1/201 411 100	11 ispi				
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	I wen no. O	To Quality Oliwell Cementing, Inc.					
Contractor Konal #2		You are hereby requested to rent cementing equipmen cementer and helper to assist owner or contractor to de	o work as listed.				
Type Job Soi tace	TD 207	Charge 117	the second state				
Hole Size 12:14	T.D. 897	To Ward Gog OIT	a the second second				
Csg. 83/8	Depth 897	Street	an a				
Tbg. Size	Depth	City State	agent or contrasta				
1001	Depth () + '	The above was done to satisfaction and supervision of owner Cement Amount Ordered	agent of contractor				
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Meas Line EQUIP	Displace 54 1230		Carl Carl Strategy				
No Cementer	naia	Common					
Pumptrk /6 Helper	*	Poz. Mix					
Bulktrk Driver	The second second	Gel					
Bulktrk / 9 Driver Ma		Calcium	Margar 1				
JOB SERVICES	S& HEMARKS	Halls	Service and the service of the servi				
Remarks:		Salt	Contraction of the second				
Rat Hole		Flowseal	at the second				
Mouse Hole		Kol-Seal					
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Baskets	A Contract of the second	CFL-117 or CD110 CAF 38					
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	and the states of	AFU Inserts	Service Section Sugar				
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QUALI	Fe	ederal Tax	I,D.# 20-2	2886107	188 6	an ail firig	7166	
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Date 2-15-14 23	15 14	Kin	SSPitt	ns	0.34	1. 18 . 33	5.29K	10
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