



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1200878
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: _____

1200878

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lasso Energy LLC
Well Name	Briggs 1-35
Doc ID	1200878

Tops

Name	Top	Datum
Anhydrite	2250	545
Base Anhydrite	2284	511
Heebner	3876	-1081
Toronto	3900	-1105
Lansing	3913	-1118
Stark Shale	4152	-1357
Base Kansas City	4215	-1420
Marmaton	4246	-1451
Pawnee	4323	-1528
Ft. Scott	4410	-1615
Cherokee	4442	-1647

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
0	5.5 " CIBP (Existing)	5.5" Weatherford DB-5 CIBP	4470'
4	Pawnee Perforations (Existing)	16 holes	4324'-4328'
4	Myrick Station Perforations (Existing)	16 holes	4380'-4384'
4	Marmaton Perforations (Existing)	8 holes	4288'-4290'
4	Lansing Kansas City Perforations	16 holes	4110'-4114'
0	Lansing Kansas City Acid	200 gal 15% HCl Acid	4110'-4114'
4	Lansing Kansas City Perforations	24 holes	4020'-4026'
0	Lansing Kansas City Acid	500 gal 15% HCl Acid	4020'-4026'

REVISION: 03/07/2014

LOCATION: 35-T13S-R29W GOVE COUNTY, KANSAS

WELL No: #1-35

REV.

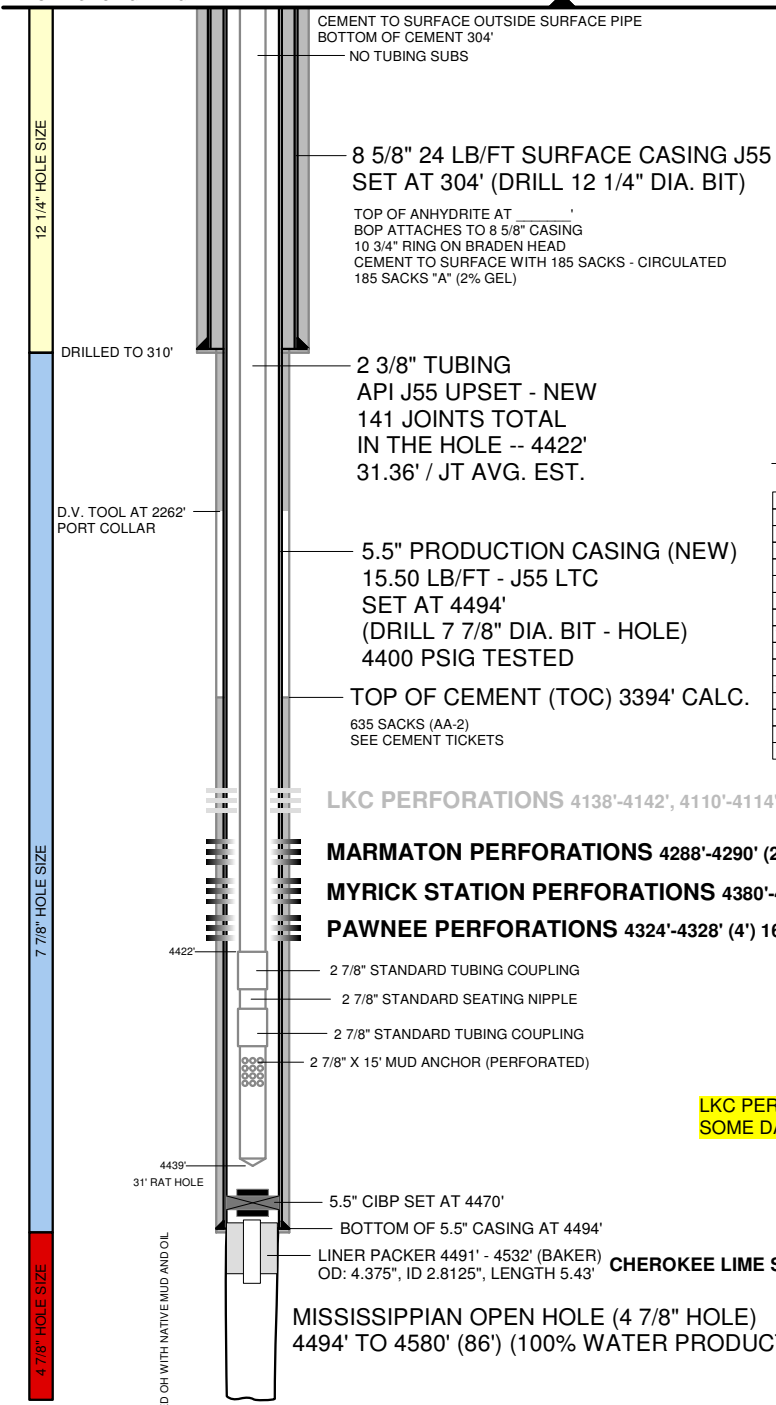
SURFACE TEMP: 60 DEG F

K.B.: 11'

G.L. ELEVATION 2784' (SHL)

SET TOP CLPG 12" AGL

5 1/2" X 2 3/8" TUBING HEAD



NOTES:

PUMPING UNIT: C - 114 - 140 - 54 (54" SURFACE STROKE)
 CONVENTIONAL LUFKIN UNIT
 20 HP ELECTRIC MOTOR WITH 40 HP SPOCC VFD
 VFD INSTALLED
 RUN TIME: 24 HRS PER DAY
 1.25" X 14' POLISHED ROD WITH LINER ASSEMBLY
 1.50" HARD FACED POLISHED ROD LINER X 8'
 4' PONY RODS ON TOP (7/8" GRADE D NEW)
 39 7/8" GRADE D SUCKER RODS ON TOP (NEW)
 134 3/4" GRADE D SUCKER RODS ON BOTTOM (NEW)
 4' X 3/4" PONY ROD ON BOTTOM (ON TOP OF INSERT PUMP)
 SPEED RANGE: 4 TO 16 SPM
 MAX. SPEED: 16 SPM
 CURRENT SPEED: 8 SPM (WAS AT 10 SPM)
 NO TUBING ANCHOR INSTALLED

TUBULARS

PURPOSE SIZE	CONDUCTOR 13 3/8"	SURFACE 8 5/8"	INTERMEDIATE	PRODUCTION 5 1/2"	PROD. TUBING 2 3/8"
WEIGHT	NONE	2,946 PSIG	NONE	15.5 LB/FT	4.6 LB/FT
GRADE	NONE	J-55	NONE	J-55	J-55
BURST	NONE	24.0 LB/FT	NONE	4,812 PSIG	5,600 PSIG
COLLAPSE	NONE	381,395 LBF	NONE	4,043 PSIG	5,888 PSIG
YIELD	NONE	1,434 PSIG	NONE	248,274 LBF	52,169 LBF
CAPACITY	NONE	0.064 BBL/FT	NONE	0.024 BBL/FT	0.004 BBL/FT
THICKNESS	NONE	0.2640"	NONE	0.2750"	0.1900"
ID	NONE	8.0970"	NONE	4.9500"	1.9950"
DRIFT ID	NONE	7.9720"	NONE	4.8250"	1.901"
AREA	NONE	51.49 IN2	NONE	19.42 IN2	1.304 IN2
SETTING DEPTH	NONE	304'	NONE	4,494'	4,442'
LENGTH	NONE	304'	NONE	4,494'	NEED 4,422'
FOB					CHASE, KS
COST					

LKC PERFORATIONS 4138'-4142', 4110'-4114', 4080'-4084', 4062'-4066' (SQUEEZED OFF)

MARMATON PERFORATIONS 4288'-4290' (2') 8 HOLES

MYRICK STATION PERFORATIONS 4380'-4384' (4') 16 HOLES

PAWNEE PERFORATIONS 4324'-4328' (4') 16 HOLES

GUN OWEN 4000-317
 0.450" DIA.
 36.0" PEN.

DATE	03/06/2014
APPROVED BY	B. KELSO
AFE	TBD
API No.	15063219760001
GL ELEVATION	2784'
KB	11'
KB ELEVATION	2795'
RIG	WORX

LKC PERFORATIONS 4110'-4114' NEEDS TO BE OPENED BACK UP SOME DAY: 25 TO 35% OIL WITH 100 BPD OF TOTAL FLUID

CHEROKEE LIME SHUT OFF

MISSISSIPPIAN OPEN HOLE (4 7/8" HOLE)
 4494' TO 4580' (86') (100% WATER PRODUCTION)

PBTD: 4580' MD TVD
 RTD: 4580' MD TVD
 LTD: 4580' MD TVD

DOWNHOLE TEMP: 130 DEG F (EST.)

DOWN HOLE SUCKER ROD PUMP:

1.5000" INSERT PUMP
 PUMP LENGTH: 14' (NICARD AND SS)
 BOTTOM HOLD DOWN TYPE
 TRAVELING BARREL
 2' X 3/4" PONY ROD ON TOP OF PUMP
 8' GAS SEPERATOR ON THE BOTTOM
 PUMP INTAKE DEPTH: 4432'
 PUMP IS SETTING BELOW PERFORATIONS

BRIGGS #1-35
 GOVE COUNTY, KANSAS
 35-T13S-R29W
 SHL: 460 FSL, 1980 FWL
 BHL: 460 FSL, 1980 FWL
 HOFFSMITH FIELD

LKC: 600 BPD - TRACE OF OIL
 LKC: 400 BPD - TRACE OF OIL
 LKC: 100 BPD - 25 TO 35% OIL
 LKC: 2000 BPD -- 100% WATER
 MARMATON: 27 BPD - 100% OIL
 MYRICK STATION: 27 BPD - 100% OIL
 PAWNEE: 5 BPD - TRACE OF OIL

