



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1203706  
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: \_\_\_\_\_

1203706

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)* \_\_\_\_\_

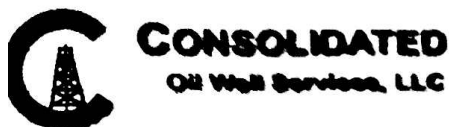
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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North

LEASE NAME: Kitchen OPERATOR: Utah Oil START DATE: 4-17-14  
 WELL #: KR-2 LOCATION: Miami Co API #: 15-121-29994  
 SURFACE PIPE: 7" Ft 20' Cement (#bags) 6  
 PRODUCTION: PIPE: Used SIZE: 2 7/8 = FT 589.10

Thickness	Formation	Comment	Depth	Thickness	Formation	Comment	Depth
8	Soil		8	10	Lime		365
22	Lime		25	1	Shale		366
1	Shale		26	1	Lime		367
3	Lime		29	1	Shale		368
15	Shale		44	3	Lime		371
9	Lime		53	12	Sand	No Oil Show	383
20	Shale		73	2	Lime		385
1	Lime		74	14	Shale		409
21	Shale		95	1	Coal		410
8	Lime		103	1	Shale		411
1	Shale		104	8	Lime		419
1	Lime		105	20	Shale		439
1	Shale		106	3	Lime		442
4	Lime		110	17	Shale		459
9	Shale		119	10	Lime		469
15	Lime		134	18	Shale		487
1	Shale		135	2	Lime		489
14	Lime		149	18	Shale		492
1	Shale		150	2	Lime		494
2	Lime		152	2	Shale		502
5	Coal		157	1	Coal		503
2	Shale		159	6	Lime		504
21	Lime		181	3	Shale	Core Point	507
4	Shale		185	2	Lime		509
4	Lime		189	8	Sand	Solid Good Bleed	517
1	Shale		190		Lime		518
8	Lime	KC	198		Shale		551
17	Shale		215		Sand		552
14	Sand	No O.I Show	229		Shale	TD	610
70	Shale		299				
5	Lime		304			507-527 Core Point	
10	Sand	No O.I Show	314			29.20 Baffle	
20	Shale		334			Weylon	
8	Lime		342				
13	Shale		355				



267536

TICKET NUMBER 47075  
 LOCATION Ottawa  
 FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720  
 (20-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-18-14	4448	N. Kitchen KR-2	NE 13	18	21	Mi

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Ala Mader	Safety	Meat
368	Al Mader		
369	Der Mas		
558	Mat Col		

CUSTOMER: Kansas Resources E+D  
 MAILING ADDRESS: 9393 W 110th  
 CITY: Overland Park KS STATE: KS ZIP CODE: 66210

JOB TYPE: long string HOLE SIZE: 5 7/8 HOLE DEPTH: 610 CASING SIZE & WEIGHT: 2 7/8  
 CASING DEPTH: 589.1 DRILL PIPE: \_\_\_\_\_ TUBING: \_\_\_\_\_ OTHER: bf 559.9  
 SLURRY WEIGHT: \_\_\_\_\_ SLURRY VOL: \_\_\_\_\_ WATER gal/sk: \_\_\_\_\_ CEMENT LEFT in CASING: YES  
 DISPLACEMENT: 326 DISPLACEMENT PSI: 800 MIX PSI: 800 RATE: 4 bpm

REMARKS: held meeting. Established rate Mixed & pumped 100# gel followed by 73 sk 50 50 cement plus 2% gel & 1/2# pheno seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI. Set float.

Utah, Wayne

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5421	1	PUMP CHARGE	368	1085.00
5426	10	MILEAGE from Joeckel	368	42.00
5402	589.1	casing footage	368	—
5407	1/2 min	ten miles	558	184.00
5502C	1 1/2	80 vac	369	150.00
1124	73	50 50 cement	839.50	✓
1118B	223#	gel	49.06	✓
1107A	37#	pheno seal	49.95	✓
		Material sub	938.51	✓
		less 30% disc	-281.55	✓
		Material total		656.96
4402	1	2 1/2 plug		29.50
			2503.06	
			SALES TAX	52.51
			ESTIMATED TOTAL	2199.97

no company rep  
 AUTHORIZATION: Jim Okid

completed

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for