

☐ Yes ☐ No

ALT ☐ I ☐ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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).

<div>Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets)</div> <div>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>List All E. Logs Run:</div>	<div><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</div> <div>Name Top Datum</div>
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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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 (Explain) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Reusch Well Service, Inc.
Well Name	REYNOLDS 17
Doc ID	1208104

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
SURFACE	9.875	7	20	22	PORTLAND	5	
PRODUCTION	5.625	2.875	6	747	50/50 POZ	102	

### Summary of Changes

Lease Name and Number: REYNOLDS 17

API/Permit #: 15-121-28975-00-00

Doc ID: 1208104

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved By	Deanna Garrison	NAOMI JAMES
Approved Date	03/21/2013	06/10/2014
Completion Or Recompletion Date	06/28/2012	05/30/2013
Date of First or Resumed Production or SWD or Enhr Field Name		05/30/2013  PAOLA RANTOUL
Fracturing Question 1		Yes
Fracturing Question 2		No
LocationInfoLink	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&amp;to">https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&amp;to</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&amp;to">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=5&amp;to</a>
Method Of Completion - Perf	No	Yes
Operator's Phone	242-7746	242-2043

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Material_1		137 BBLS Water/ 5000# SAND
Perf_Record_1		692-706
Producing Method Pumping	No	Yes
Save Link	../kcc/detail/operatorE ditDetail.cfm?docID=11 25682	../kcc/detail/operatorE ditDetail.cfm?docID=12 08104