



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1208812  
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: \_\_\_\_\_

1208812

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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**SUN CEMENTING  
AND ACIDIZING, INC.**

Box 165  
Eureka, Kansas 67045

Cementing Ticket  
and Invoice Number

**Nº 005098**

Date <u>3-13-76</u>	Customer Order No.	Sect. <u>1</u>	Twp. <u>23</u>	Range <u>9E</u>	Truck Called Out <u>11:00 A.M.</u>	On Location <u>12:05 A.M.</u>	Job Began <u>12:27</u>	Job Completed <u>1:25 A.M.</u>
Owner <u>Schindler Oil Co.</u>		Contractor <u>Long Drilling</u>			Charge To <u>Schindler Oil Co.</u>			
Mailing Address <u>Route #2 Box 92</u>		City <u>Madison</u>			State <u>KANSAS 66860</u>			
Well No. & Form <u>GREEN B #12</u>		Place <u>Tetter</u>		County <u>GREENWOOD</u>		State <u>KANSAS</u>		
Depth of Well <u>2508'</u>	Depth of Job <u>230'</u>	Casing (New) <input type="checkbox"/> (Used) <input checked="" type="checkbox"/>	Size <u>3 1/2"</u>	Weight	Size of Hole Amt. and Kind of Cement <u>50 SKS.</u>	Cement Left in casing by	Request Necessity _____ feet	
Kind of Job <u>"TOP OUT Side Job"</u>					Drillpipe _____	(Rotary) _____	Truck No. <u>UNIT #38</u>	

Remarks Rig up to 1" Tubing, Break Circulation.  
Mixed 50 SKS. 60/40 Pozmix Cement w/ 1/4"  
Floccul. Cemented from 230' to surface.

Price Reference No. #1

Price of Job 375.00

Second Stage \_\_\_\_\_

Mileage 23 mi. > 48.30

Other Charges \_\_\_\_\_

Total Charges 423.30

Cementer VIRGIL STUBER

Helper Steve M. - Monti H. District EUREKA State KANSAS

The above job was done under supervision of the owner, operator, or his agent whose signature appears below.

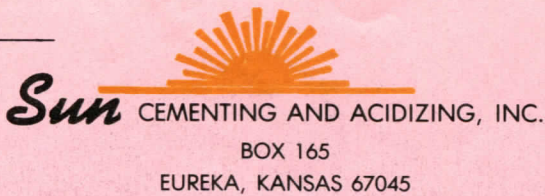
"THANKS"

Robert Schindler  
Agent of contractor or operator

**Sales Ticket for Materials Only**

Quantity Sacks	BRAND AND TYPE	PRICE	TOTAL
<u>50</u>	<u>SKS. 60/40 Pozmix</u>	<u>4.65</u>	<u>232.50</u>
<u>13"</u>	<u>Floccul.</u>	<u>1.00</u>	<u>13.00</u>
<u>2 1/2</u>	<u>MRS. ON WATER TRUCK</u>	<u>37.50</u>	<u>93.75</u>
Plugs	<u>50 SKS. Handling &amp; Dumping</u>	<u>.50</u>	<u>25.00</u>
	<u>2.15 Ton Mileage</u>	<u>w/c</u>	<u>35.00</u>
	Sub Total		<u>822.55</u>
	Delivered by Truck No. <u>B-156</u>	Discount <u>5% - 30 DAYS</u>	<u>- 41.13</u>
	Delivered from <u>EUREKA, KAN.</u>	Sales Tax	<u>21.13</u>
	Signature of operator <u>Virgil Stuber</u>	Total	<u>802.73</u>

INVOICE NO. 5065



BOX 165  
EUREKA, KANSAS 67045

DATE 2-12-96

Charge To  
Schindler Oil Co.  
Rt. 1 Box 92  
Madison, Ks. 66860

Your Order No. \_\_\_\_\_ Owner Schindler Oil Co.  
Requisition No. \_\_\_\_\_ Contractor Rig 6 Drilling

Well No. #12 Depth 2505 Farm Green B Size Casing 5 1/2 County Greenwood Sec. 1 Twp. 23 Rge. 9e

FOR CUSTOMER USE ONLY

Register No.	Voucher No.
Terms Approved	Price Approved
Calculations Checked	
Adjustments	
Accounting Distribution	
Audited	Final Approval

All Accounts Will Bear 18% Interest After <sup>30</sup>~~30~~ Days.

EQUIPMENT CHARGE Longstring - 1st stage 665.00

EQUIPMENT CHARGE Pump truck mileage 48.30

Bulk Cement	<u>.55</u> Sacks @ <u>5.46</u>	\$ 300.30
Lite Wate Cement	..... Sacks @ _____	
Pozmix	..... Sacks @ _____	
Salt	<u>.300</u> Pounds @ <u>4.80</u> (flush ahead)	14.40
Cal. Cl.	<u>.100</u> Pounds @ <u>28.00</u>	28.00
Amon. Cl.	..... Pounds @ _____	
Gel	<u>.100</u> Pounds @ <u>8.54</u>	8.54
Chip Plug	..... Pounds @ _____	
Sun FR	..... Pounds @ _____	
Hulls	..... Pounds @ _____	
Flocele	..... Pounds @ _____	

Plugs ..... Size ..... @ \_\_\_\_\_

Handling & Dumping .55 sks. ..... Cu. Ft. @ .50 27.50  
Hauling 2.69 Tons 23 ..... Mileage @ .70 43.31

5% discount if paid within 30 days Subtotal \$ 1135.35  
- 56.77

Sales Tax 21.55

Invoice Total \$ 1100.13

When Remitting Please Give Our Invoice Number

FEB 15 PAID CK # 8808

INVOICE NO. 5066



**Sun** CEMENTING AND ACIDIZING, INC.  
 BOX 165  
 EUREKA, KANSAS 67045

DATE 2-12-96

Charge To

Schindler Oil ~~Co.~~ Co.  
 Rt. 1 Box 92  
 Madison, Ks. 66860

Your Order No. \_\_\_\_\_ Owner Schindler Oil Co.  
 Requisition No. \_\_\_\_\_ Contractor Rig 6 Drilling

Well No. #12 Depth 1921 Farm Green B Size Casing 5 1/2 County Greenwood Sec. 1 Twp. 23 Rge. 9e

FOR CUSTOMER USE ONLY

Register No.	Voucher No.
Terms Approved	Price Approved
Calculations Checked	
Adjustments	
Accounting Distribution	
Audited	Final Approval

All Accounts Will Bear 18% Interest After <sup>30</sup>~~30~~ Days.

	AMOUNT
EQUIPMENT CHARGE Longstring - 2nd stage	650.00
EQUIPMENT CHARGE Pump truck mileage	n/c
Bulk Cement ..... Sacks @ _____	\$
Lite Wate Cement ..... Sacks @ _____	
Pozmix .350 ..... Sacks @ <u>4.65</u>	1627.50
Salt .300 ..... Pounds @ <u>4.80</u> (flush ahead)	14.40
Cal. Cl. .... Pounds @ _____	
Amon. Cl. .... Pounds @ _____	
Gel .1180 .. Pounds @ <u>8.54</u>	100.77
Chip Plug ..... Pounds @ _____	
Sun FR ..... Pounds @ _____	
Hulls ..... Pounds @ _____	
Flocele ..... Pounds @ _____	
Plugs ..... Size ..... @ _____	
4 hrs. - water truck 37.50	150.00
Handling & Dumping .350 sks, ..... Cu. Ft. @ <u>.50</u>	175.00
Hauling .15, 29 Tons .23 ..... Mileage @ <u>.70</u>	246.17

Subtotal \$ 2963.84  
 5% discount if paid within 30 days -148.19  
 Sales Tax 127.77  
 Invoice Total \$ 2943.42

When Remitting Please Give Our Invoice Number

FEB 15 PAID *CK# 8808*

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair  
Jay Scott Emler, Commissioner  
Pat Apple, Commissioner

Sam Brownback, Governor

June 17, 2014

Robert Schindler  
Schindler, Robert dba Schindler Oil  
PO BOX 92  
MADISON, KS 66860

Re: ACO-1  
API 15-073-21530-00-01  
GREEN B 12  
SW/4 Sec.01-23S-09E  
Greenwood County, Kansas

Dear Robert Schindler:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 01/16/1996 and the ACO-1 was received on June 11, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department