

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1209106

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			<input type="checkbox"/> Yes	<input type="checkbox"/> 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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
--	--	---

Hi Plains Lumber
CASH RECEIPT

SKU #	DESCRIPTION	EXT
9901004	Portland Cement Type I &	
Qty	35.00 @ 14.30	500.50

SUBTOTAL: 500.50
TAX: 38.29
TOTAL: 538.79

TENDERED: 538.79
CHANGE: 0.00

Hi-Plains Lumber Company
Returned merchandise must be accomp
with this receipt.

04/02/14 08:58:43 721446 cohrrs

Hi Plains Lumber
CASH RECEIPT

SKU #	DESCRIPTION	EXT
	PALLET Pallet	17.00

SUBTOTAL: 17.00
TAX: 1.30
TOTAL: 18.30

TENDERED: 18.30
CHANGE: 0.00

Hi-Plains Lumber Company
Returned merchandise must be accomp
with this receipt.

04/02/14 09:00:37 721447 cohrrs

COMPANY: Magellan
COMPANY REP.: Tyler Kraus
LOCATION: Scott City Terminal
JOB NO.: 340310593
FOREMAN: Todd/Jay
DRILLER: Crescent

DATE: 4/9/2014
DIA. HOLE: 10 in
DEPTH: 350
COKE TYPE: Petroleum
OF COKE: 175 bags
OF BENTONITE: 220

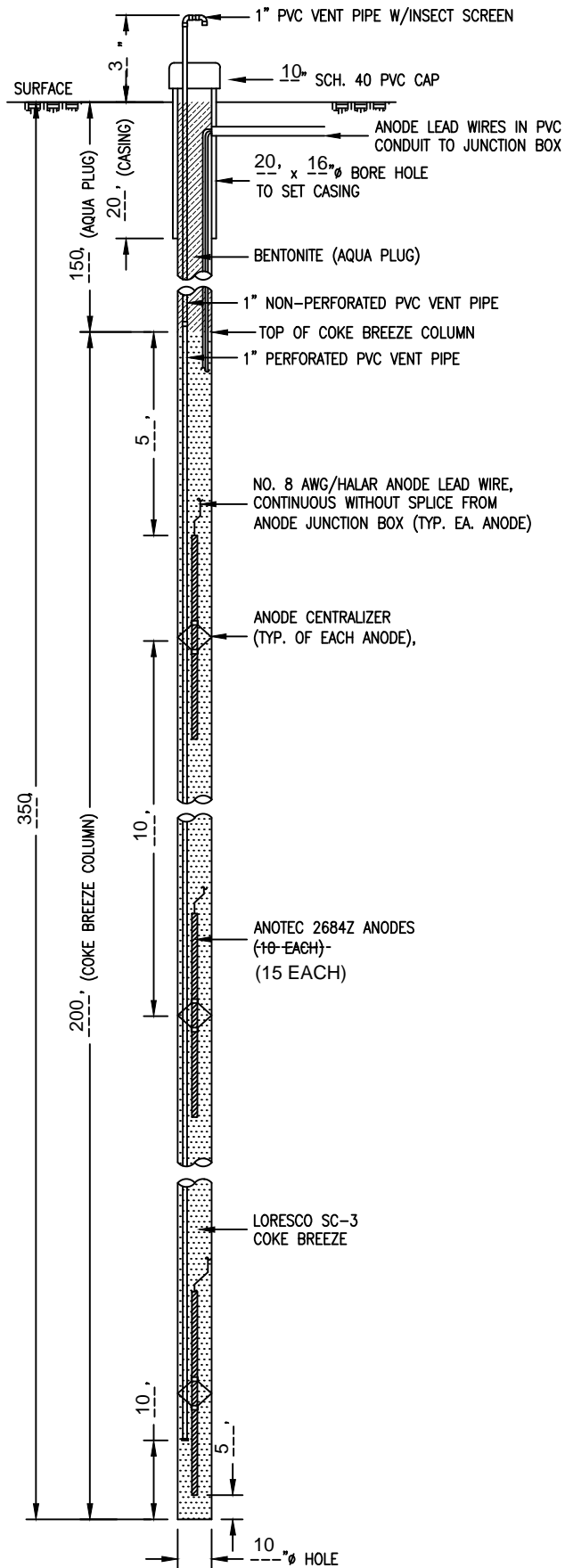


CASING: PVC SDR 21
DIAMETER: 10 in
CASING DEPTH: 20 ft
OF ANODES: 20
ANODE TYPE: Anotec #3448 Z
ANODE LEAD: Halar

RECTIFIER MFG: _____
MODEL: _____
SERIAL #: _____
V-DC: _____ **A -DC:** _____

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
0			BATTERY			
5						
10						
15						
20	Brown Sandy Clay			0.6		
25						
30				0.8		
35						
40	Brown Sandy Clay			1.2		
45						
50	Cliché Clay and Sand			1.3		
55						
60	Cliché Clay and Sand			1.2		
65						
70				1.5		
75	Cliché Clay and Sand					
80	Sand			1.2		
85						
90				1.3		
95	Sandy Clay and Sand					
100				1.5		
105						
110				1.5		
115	Cemented Sand					
120	Sand			1.3		
125						
130				1.4		
135						
140	Yellow Clay			1.6		
145						
150		20		1.2		
155						
160	Fine Sand and Little Clay	19		1.2		
165						
170		18		1.5		
175						
180	Fine Sand and Little Clay	17		1.6		
185						
190		16		1.5		
195						
200	Fine Sand and Little Clay	15		1.4		
205						

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
210	Fine Sand and Little Clay	14		1.5		
215	Yellow Shale					
220	Grey Shale	13		1.4		
225						
230		12		1.2		
235						
240	Grey Shale	11		1.5		
245						
250		10		1.6		
255						
260	Grey Shale	9		1.4		
265						
270		8		2.1		
275						
280	Grey Shale	7		1.6		
285						
290		6		1.5		
295						
300	Grey Shale	5.0		1.2		
305						
310		4		1.4		
315						
320	Grey Shale	3		1.3		
325						
330		2		1.2		
335						
340	Grey Shale	1		1.4		
345						
350				1.5		
355	Grey Shale			1.6		
360						
365						
370						
375						
380						
385						
390						
395						
400						



REVISED		REVISIONS		REV.	CHK.	APP.
NO.	DATE					
△						
△						
△						

corrpro
An Aegion Company

DRAWN BY	FMoreno
DESIGNED BY	
DATE	5-1-13
SCALE	N.T.S.
JOB NO.	
DWG. NO.	TEMPLATE

SCOTT CITY TERMINAL

CATHODIC PROTECTION SYSTEM
DEEP ANODE GROUND BED
INSTALLATION-SECTION VIEW