

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1209143
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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> Other (Core, Expl., etc.): _____			

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

<input type="checkbox"/> Deepening	<input type="checkbox"/> Re-perf.	<input type="checkbox"/> Conv. to ENHR	<input type="checkbox"/> Conv. to SWD
<input type="checkbox"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<input type="checkbox"/> Commingled		Permit #: _____	
<input type="checkbox"/> Dual Completion		Permit #: _____	
<input type="checkbox"/> SWD		Permit #: _____	
<input type="checkbox"/> ENHR		Permit #: _____	
<input type="checkbox"/> 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: _____ (e.g. xx.xxxxx), Long: _____ (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: _____

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 (Attach Additional Sheets)	<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: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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: 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 (Explain) _____					
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: <hr/> <hr/>	
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Hi Plains Lumber
CASH RECEIPT

SKU # DESCRIPTION EXT
9901004 Portland Cement Type I^A
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 cohrg

Hi Plains Lumber
CASH RECEIPT

SKU # DESCRIPTION
PALLET Pallet

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 cohrg

COMPANY: Magellan
 COMPANY REP.: Tyler Kraus
 LOCATION: Magellan - MP 206
 JOB NO.: 3403105989
 FOREMAN: Todd/Jay
 DRILLER: Cresent

DATE: 4/11/2014
 DIA. HOLE: 10 in
 DEPTH: 300
 COKE TYPE: Petroleum
 # OF COKE: 175 bags
 # OF BENTONITE: 220

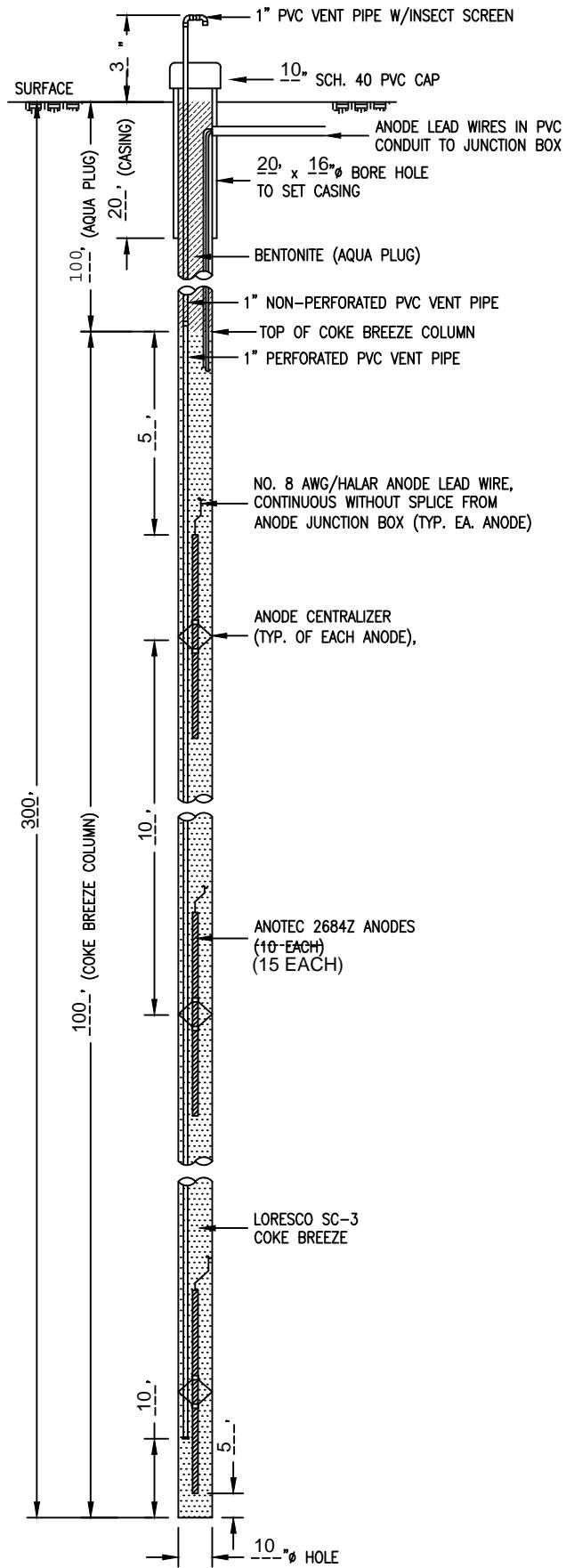
DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
0			BATTERY			
5						
10						
15						
20	Cliché Little Brown Clay		0			
25						
30			3.4			
35						
40	Cliché Little Sandstone		3.9			
45						
50			5			
55						
60	Cliché Little Sandstone		13.2			
65						
70			14			
75	Cliché Little Sandstone					
80	Yellow Shale		13			
85						
90	Gray Shale		6			
95						
100	Gray Shale		5.9			
105						
110			13.8			
115						
120	Gray Shale		21			
125						
130			17.2			
135						
140	Gray Shale		12.1			
145						
150		15	14.7			
155						
160		14	15.4			
165	Gray Shale					
170		13	26.3			
175						
180	Gray Shale	12	25.1			
185						
190		11	25.6			
195						
200	Gray Shale	10	25.4			
205						

CASING: PVC SDR 21
 DIAMETER: 10 in
 CASING DEPTH: 20 ft
 # OF ANODES: 15
 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
210		9	31.8			
215						
220	Gray Shale	8	26.4			
225						
230		7	23			
235						
240	Gray Shale	6	24.4			
245						
250		5	23.8			
255						
260	Gray Shale	4	22.7			
265						
270		3	22.6			
275						
280	Gray Shale	2	22.1			
285						
290		1	22.3			
295						
300	Gray Shale					
305						
310						
315						
320						
325						
330						
335						
340						
345						
350						
355						
360						
365						
370						
375						
380						
385						
390						
395						
400						

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REVISED		REVISIONS		REV.	CHK.	APP.
NO.	DATE					
△						
△						
△						
△						
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An Aegion Company

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

Magellan - MP 206

CATHODIC PROTECTION SYSTEM
DEEP ANODE GROUNDBED
INSTALLATION-SECTION VIEW