

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1209143

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 Bbls.	Gas Mcf	Water Bbls.	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: Magellan - MP 206
JOB NO.: 3403105989
FOREMAN: Todd/Jay
DRILLER: Crescent

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

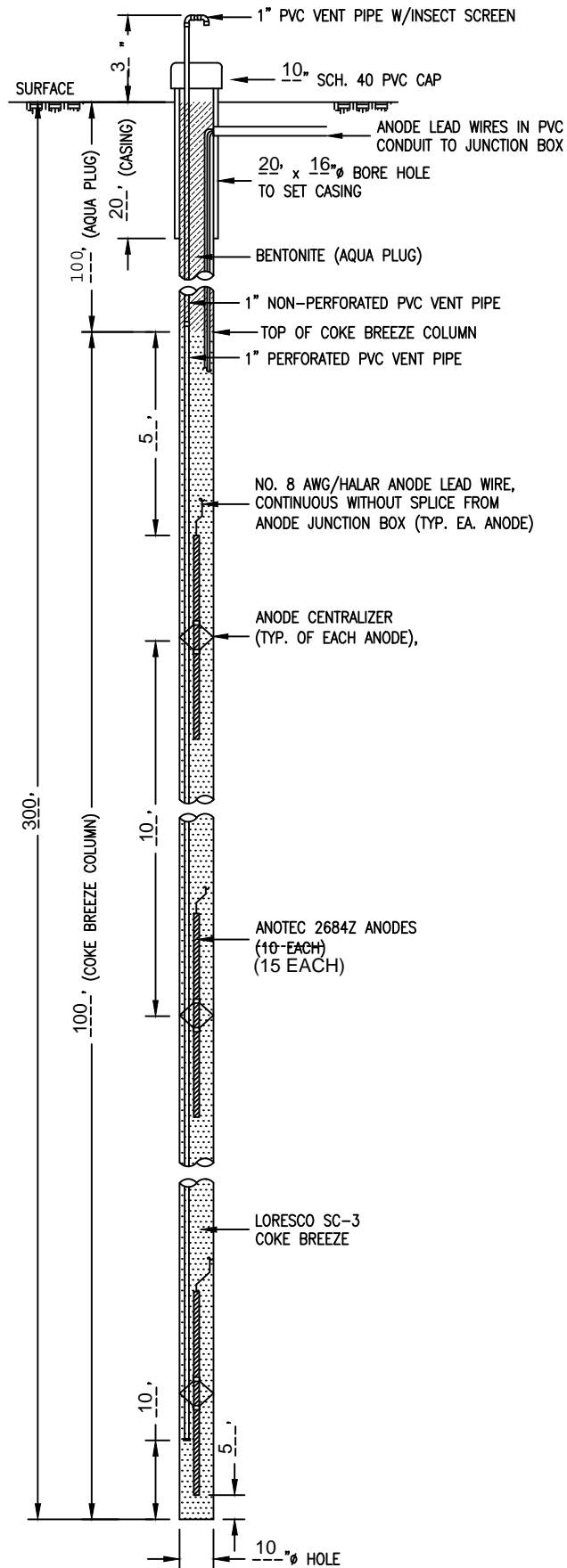
CASING: PVC SDR 21
DIAMETER: 10 in
CASING DEPTH: 20 ft
OF ANODES: 15
ANODE TYPE: Anotec #3448 Z
ANODE LEAD: Halar



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

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
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						

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						



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

Magellan - MP 206

CATHODIC PROTECTION SYSTEM
DEEP ANODE GROUND BED
INSTALLATION-SECTION VIEW