



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210391
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: _____

1210391

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
<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

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100454
 Location _____
 Foreman Dwayne Lowe

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5/29/14		Roberson #1 Producer		Franklin Co.
Customer		Mailing Address	City	State Zip
Denny Gillette		4318 Finney Rd	Rantoul	KS 66079

Job Type:	Truck #	Driver
Long string	231	Tom
Hole Size: 5 7/8	Casing Size: 2 7/8	Displacement: 4106 BBL
Hole Depth: 780'	Casing Weight:	Displacement PSI: 110
Bridge Plug:	Tubing:	Cement Left in Casing: 0
Packer:	PBTD:	
	25	Dwayne

Quantity Or Units	Description of Services or Product	Pump charge	675 ⁰⁰
20	Mileage CEMENT PUMP 231	\$3.25/Mile	65 ⁰⁰
20	Pickup 25	1.5	30 ⁰⁰
0 106 SK	60/40 Poz mix	12 ⁰⁰	1272 ⁰⁰
182 lbs	Prem Gel FN cement	1.30	53 ⁰⁰
200 lbs	Prem Gel	.30	60 ⁰⁰
26.5 lbs	Floscal	2.15	56 ⁹⁷
2 hr	Water TRUCK 110	84 ⁰⁰	168 ⁰⁰
2 hr	water TRUCK 111	84 ⁰⁰	168 ⁰⁰
4600 Gal	Water	1.31	60 ⁰⁰
4.55 Tons	Bulk Truck Cement Delivery 241	\$130/Mile	300 ⁰⁰
1	Plugs 2 1/2 Rubber Plug	25 ⁰⁰	25 ⁰⁰
		Subtotal	2933 ⁶²
		7.65	Sales Tax
		Estimated Total	

Remarks: Hooked on to casing and Establish circulation Pump
10 BBL Gel Flush Followed by 15 BBL Pad and
Start cement pump 106 Sacks of 60-40 Poz Mix stop
and wash out Pump then Pump Plug to Bottom and
Shut FN 700 PSI

Customer Signature _____

Operator License # 35047
 Operator Denney Gillett
 Address 2530 Delaware Road
 City Pomona, KS 66076
 Contractor JTC Oil, Inc.
 Contractor License # 32834
 T.D. 780
 T.D. of pipe 714
 Surface pipe size 7"
 Surface pipe depth 20'
 Well Type Production

API # 15-059-26638-00-00
 Lease Name Roberson
 Well # P-1
 Spud Date 5/28/2014
 Cement Date
 Location Sec 08 T 18 R 21
 4126 feet from S line
 4126 feet from E line
 County Franklin

Driller's Log

Thickness	Strata	From	To	
2	dirt	0	2	
12	lime	2	14	
29	shale	14	43	
20	lime	43	63	
90	shale	63	153	
20	lime	153	173	
20	shale	173	193	
3	lime	193	196	
6	shale	196	202	
6	red shale	202	208	
30	shale	208	238	
18	lime	238	256	
9	shale	256	265	
15	lime	265	280	
2	shale	280	282	
13	lime	282	295	
7	black shale	295	302	
21	lime	302	323	
5	shale/coal mix	323	328	
13	lime	328	341	
145	shale	341	486	
3	lime	486	489	
13	shale	489	502	
13	lime	502	515	
46	shale	515	561	
11	lime	561	572	
9	shale	572	581	
5	lime	581	586	
9	shale	586	595	
11	lime	595	606	
10	shale	606	616	
2	lime oil	616	618	bleed
2	lime oil	618	620	good bleed
2	lime oil	620	622	bleed

2	top sand	622	624	ok
2	good	624	626	
2	good	626	628	
2	good	628	630	
2	good	630	632	
2	good	632	634	
2	ok	634	636	
2	ok	636	638	
4	end	638	642	
83	shale	642	725	
55	mix	725	780	