

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1212374

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 #	API No. 15					
Name:	Spot Description:					
Address 1:						
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from East / West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	GPS Location: Lat:, Long:					
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:					
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet					
Operator:	If Alternate II completion, cement circulated from:					
Well Name:	feet depth to:w/sx cmt.					
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 #:	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:					
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:					
GSW Permit #:	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:

Page Two



Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov	
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			es No		Log Formation (Top), De				Sample	
Samples Sent to Geological Survey		es No	□No		е		Тор	Datum		
Cores Taken Electric Log Run			es  No							
List All E. Logs Run:										
				RECORD	Ne					
	0: 11.1					ermediate, product		" 0 1	T 15	
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives	
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose: Depth Type of Cement # Sack			# Sacks	Used	sed Type and Percent Additives					
Perforate Protect Casing	Top Dottern									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)	
Does the volume of the t			-		-		_ ` `	skip question 3)		
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)	
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth	
						(* *			200	
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:				
		0017111				[	Yes N	o		
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity	
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!		
DISPOSITION Solo	ON OF GAS:  Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)			