

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1211513

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>
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Form	ACO1 - Well Completion
Operator	Lasso Energy LLC
Well Name	Stallings Unit 1 SWD
Doc ID	1211513

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	9.625	35	869	Class A	350	
Production	8.75	7	26	4915	Class A	500	

PROPOSED

REVISION:

06/17/2014

LOCATION:

33-T22S-R23W HODGEMAN COUNTY, KANSAS

WELL No: #1 SWD REV.

SURFACE TEMP: 90 DEG F

K.B.: 23'

7" X 3 1/2"
TUBING HEAD

G.L. ELEVATION 2323' (SHL)

SET TOP CLPG 12" AGL

26" HOLE SIZE

100'

12 1/4" HOLE SIZE

1672'

8 3/4" HOLE SIZE

4915'

8 3/4" OH

20" CONDUCTOR CASING

SET AT 100' (DRILL 26" DIA. BIT) CEMENT TO SURFACE 260 SACKS

NO TUBING SUBS

9 5/8" 36 LB/FT SURFACE CASING

SET AT 869' - CEMENT TO SURFACE 350 SACKS

3 1/2" DISPOSAL TUBING
IPC COATED EUE 9.30 LB/FT
API J55 UPSET -- 156 JOINTS
165 JOINTS TOTAL = 4900'
31.41' PER JT. AVG.

7.0" PRODUCTION CASING
26.00 LB/FT -- 4915'
(DRILL 8 3/4" DIA. BIT - HOLE)

4006' TOP OF CEMENT (TOC)

CALCULATED TOP
500 SACKS (CLASS A)
SEE CEMENT TICKETS

130 BBLS OF FRESH WATER
WITH KCL AND PACKER FLUID
PASS PRE MIT AT 300 PSIG FOR 30 MIN.

TOP OF ARBUCKLE: 4814'
CASING SET 101' INTO ARBUCKLE
NO ARBUCKLE PRODUCTION WELLS IN AREA

FLOAT COLLAR AT 4874' (CEMENT FROM 4874' TO 4915' INSIDE CASING)

3 1/2" X 7" AD1 BAKER TENSION PACKER (SET BETWEEN 4875' TO 4900')
SET IN TENSION AT 4882' (COATED AND NICKLE PLATED)

BOTTOM OF 7" CASING AT 4915'
PACKER SHOE AT 4915' (PACKER SHOE DRILLED OUT)
BOTTOM OF CEMENT AT 4915'

ARBUCKLE OPEN HOLE (8 3/4" HOLE)
4915' - 5115' (200')

4915'-5053' 8 3/4" OPEN HOLE
5053'-5115' 6 1/8" OPEN HOLE

TUBULARS

PURPOSE	CONDUCTOR 20"	SURFACE 9 5/8"	INTERMEDIATE 7"	SOLID LINER 4 1/2"	PROD. TUBING 3 1/2"
SIZE					
WEIGHT	94.00 LB/FT	36.0 LB/FT	26.00 LB/FT	NONE	9.30 LB/FT
GRADE	X-42	J-55	P-110 BUTTRESS	NONE	IPC
BURST	3,590 PSIG	3,520 PSIG	9,955 PSIG	NONE	-
COLLAPSE	N/A	2,020 PSIG	6,232 PSIG	NONE	-
YIELD	N/A	N/A	830,402 LBF	NONE	-
CAPACITY	0.355 BBLS/FT	N/A	0.038 BBLS/FT	NONE	-
THICKNESS	0.4380"	0.3520"	0.3620"	NONE	-
ID	19.1240"	8.92100"	6.2760"	NONE	-
DRIFT ID	N/A	N/A	6.1510"	NONE	-
AREA	287.2423 IN2	N/A	30.9355 IN2	NONE	-
SETTING DEPTH	100'	869'	4,915'	NONE	4,900' PACKER
LENGTH	100'	869'	4,915'	NONE	4,900'

DATE	06/17/2014
APPROVED BY	B. KELSO
AFE	TBD
API No.	15083218370000
GL ELEVATION	2323'
KB	23'
KB ELEVATION	2346'
RIG	KELSO

PBTD: 5115' MD TVD
RTD: 5115' MD TVD
LTD: 5115' MD TVD
DOWNHOLE TEMP: 137 DEG F (EST.)

STALLINGS UNIT #1 SWD

HODGEMAN COUNTY, KANSAS

33-T22S-R23E

SHL: 200 FNL, 634 FEL

BHL: 200 FNL, 634 FEL

SPREIER SOUTHEAST FIELD

