



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212400
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: _____

1212400

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 <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:				

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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energy services, L.P.

TREATMENT REPORT

Customer: ~~Dixon Energy Inc~~ Lease No. ~~WHITE & BLUES DIST~~ ^{DNE} Date: 4-16-14
 Lease: Chain Ranch B Well #: 1
 Field Order #: 10226 Station: Pratt Casing: 13 7/8 Depth: 59 County: BAID-1 State: KS
 Type Job: CNW CONDUCTOR Formation: Legal Description: 1-31-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size: 13 7/8	Tubing Size	Shots/Ft		Acid	100 SWS	RATE	PRESS	ISIP
Depth: 59	Depth	From	To	Pre Pad		COMMON	220 cc	1/4 H CF
Volume: 9.2	Volume	From	To	Pad				10 Min.
Max Press: 300	Max Press	From	To	Frac				15 Min.
Well Connection: 5V	Annulus Vol.	From	To					HHP Used
Plug Depth: 39	Packer Depth	From	To	Flush: 6				Annulus Pressure
								Gas Volume
								Total Load

Customer Representative: TJ Dixon Station Manager: Kevin Goldway Treater: Mike Matta
 Service Units: 37586, 27463, 19959, 73768
 Driver Names: MATTAL, Kuemi, PHYE

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
7:50					ON LOCATION / SATURDAY MEETING
					RUNNING CASING
8:05					CASING ON BOTTOM
8:13					HOOK UP TO CSNG / BREAK CIRCUIT
8:18	150		3	5	PUMP 3 BBL H ₂ O
8:20	200		22	5	MIX 100 SWS COMMON
8:29	150		1	5	START DISPLACEMENT
8:31	150		6		PLUG DOWN, SHUT IN WELL 10 BBLs out to PIT

JOB COMPLETE
 THANK YOU!
 MIKE MATTAL

CHAIN RANCH B-1 DST

DST #1 4234-4280': 30-45-60-60. 1st Op. SOB in 30sec. 2nd Op.
G.T.S. GA 45MCF in 10min, GA 41MCF in 20min, GA 9MCF in 30min, 14MCF in 30min.,
14MCF in 60min. Rec. 40' GOCM (5%O, 20%G, 75%M), 126' GOCM (5%O, 10%G, 85%M),
63' GOWCM (10%W, 30%G, 30%O, 30%M). IFP 43-79#, FFP 66-109#, ISIP 1188#, FSIP 957#,
IHP 2086#, FHP 2046#, Temp 118°. SHT @ 4280'=3/4°.

Customer <i>White & Ellis Drilling</i>	Lease No.	Date <i>4-23-14</i>
Lease <i>Chain Ranch B</i>	Well # <i>1</i>	
Field Order # <i>9660</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth
Type Job <i>CNW</i>	Formation <i>Longstring</i>	County <i>Barber</i>
		State <i>KS</i>
		Legal Description <i>1-31-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>5 1/2</i>							
Depth <i>4645</i>	Depth	From	To	Pre Pad	Max		5 Min.
Volume <i>107</i>	Volume	From	To	Pad	Min		10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth <i>4625</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative	Station Manager	Treater
Service Units <i>77686 19905 19826 19860</i>	<i>37216</i>	
Driver Names <i>MIKE JOYHA JOE</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>0:17:30</i>					<i>on LOC / safety meeting</i>
					<i>Run 12 JTS of 5 1/2 csg 17#</i>
					<i>cen 3,4,5,7,8,10,12,14,15,17</i>
					<i>Basket on 1</i>
<i>19:30</i>					<i>Start Running csg</i>
<i>22:00</i>					<i>csg on BOTTOM / circ with Rig</i>
<i>23:00</i>					<i>HOOK UP TO PUMP TRIS TO Start JA</i>
<i>23:00</i>	<i>400</i>		<i>5</i>	<i>5.5</i>	<i>H2O spacer</i>
			<i>12</i>		<i>mud flush</i>
			<i>5</i>	<i>5.5</i>	<i>H2O space</i>
			<i>5</i>	<i>5.5</i>	<i>Mix 25SK scavenger 60/40 POZ</i>
	<i>300</i>		<i>42</i>	<i>5.5</i>	<i>Mix 175SK AA2 @ 15.3#</i>
			<i>0</i>	<i>0</i>	<i>SHUT DOWN wash Pump & Lines</i>
<i>11:20</i>	<i>200</i>		<i>0</i>	<i>6</i>	<i>START H2O DISP</i>
	<i>400</i>		<i>78</i>	<i>6</i>	<i>LIFT PSI</i>
	<i>600</i>		<i>90</i>	<i>4.5</i>	<i>SLOW RATE</i>
<i>11:45</i>	<i>1500</i>		<i>107</i>	<i>0</i>	<i>Plug Down / Held</i>
			<i>5</i>		<i>30 SK 60/40 for RM</i>
			<i>6</i>		<i>20 SK 60/40 for MH</i>
					<i>JOB COMPLETE</i>
					<i>Thank you JOE</i>