



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215590
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: _____



1215590

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	Unruh 6
Doc ID	1215590

Tops

Name	Top	Datum
Heebner Shale	3890	-811
Lansing	3938	-859
Marmaton	4446	-1367
Pawnee	4554	-1475
Cherokee Shale	4590	-1511
Morrow Shale	4796	-1717
Morrow Sand	4836	-1757
St. Geneveieve	4856	-1777
LTD	4966	-1887

Date 8/24/14 District Ratley Ticket No. 064182
 Company Retrospect Rig Kel 1
 Lease _____ Well No. _____
 County _____ State _____
 Location _____ Field _____

CEMENT DATA:

Spacer Type: _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type New Weight 25 1/2 Collar _____

LEAD: Pump Time _____ hrs. Type ASC 10 215 8 1/2 1 1/2
5" 11/16 13-1/2 1160 114 1/2 1/2 1/2

Amt. 215 Sks Yield 1 5/2 ft³/sk Density 142 PPG _____

TAIL: Pump Time _____ hrs. Type 65/15 8 1/2 1 1/2
 Excess _____

Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG _____

WATER: Lead 0.7 gals/sk Tail _____ gals/sk Total _____ Bbls.

Casing Depths: Top KB Bottom 4959'

Pump Trucks Used 423

Bulk Equip. 544
890

Drill Pipe: Size 4 1/2 Weight _____ Collars _____
 Open Hole: Size 7 1/8 T.D. _____ ft. P.B. to _____ ft.

Float Equip: Manufacturer _____

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. 10288 Lin. ft./Bbl. _____
 Open Holes: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Drill Pipe: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Annulus: Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Bbls/Lin. ft. _____ Lin. ft./Bbl. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Shoe: Type RFI Depth _____

Float: Type _____ Depth _____

Centralizers: Quantity 10 Plugs Top _____ Btm. _____

Stage Collars latch cam, DV, 2 Baskets

Special Equip. _____

Disp. Fluid Type H₂O 65 Amt. _____ Bbls. Weight _____ PPG _____

Mud Type Big Mud - 56 Weight _____ PPG _____

COMPANY REPRESENTATIVE _____

CEMENTER AL

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	RATE Bbls Min.	
<u>3:00</u>						<u>Re location 5' 11/16 13-1/2 1160 114 1/2 1/2 1/2</u> <u>Big Mud</u>
						<u>Mix with II</u> <u>Mix ASC</u> <u>Wash Tank</u>
	<u>300</u>			<u>65.0</u>	<u>3.0</u>	<u>Displace - H₂O</u>
	<u>200</u>			<u>54.0</u>	<u>3.0</u>	<u>Big Mud</u>
	<u>1800</u>					<u>Land Plug</u>
	<u>800</u>					<u>Open Tool - Circulate Bbls</u>
				<u>8.0</u>	<u>3.0</u>	<u>Mix 30 5K RT - 20 5K M/L</u>
				<u>80.0</u>	<u>3.0</u>	<u>Mix 350 5K A/W 65/15 8 1/2 1 1/2 1/2</u> <u>5 1/2</u>
						<u>Wash up</u>
	<u>700</u>			<u>52.0</u>	<u>3.0</u>	<u>Displace Plug - H₂O</u>
	<u>1800</u>					<u>Land Plug</u> <u>Tool did close</u>
						<u>Cement did circulate</u>
						<u>Thank</u>
<u>10:30p</u>						<u>Job Complete</u>