



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1215592
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: _____



1215592

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	Scott 6-13
Doc ID	1215592

All Electric Logs Run

Caliper
Induction
Microresistivity
Density-Neutron-Microresistivity

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	Scott 6-13
Doc ID	1215592

Tops

Name	Top	Datum
B/Anhydrite	2206	+900
Heebner Shale	3922	-816
Lansing	3970	-864
Muncie Creek Shale	4320	-1214
Stark Shale	4370	-1264
Marmaton	4490	-1384
Pawnee	4584	-1478
Cherokee Shale	4626	-1520
Morrow Shale	4838	-1734
Morrow Sand	4899	-1793
St. Genevieve	4912	-1806

Date 8-13-14 District Dakley, KS Ticket No. 064/28
 Company Petrosantander Rig Val 1
 Lease Scott Well No. 6-13
 County Keosauqua State KS
 Location 13-211-35 Field _____

CEMENT DATA:
 Spacer Type: WFR II / water
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type New Weight 15.5 Collar _____

LEAD: Pump Time _____ hrs. Type _____
 Amt. _____ Skys Yield _____ ft³/sk Density _____ PPG

Casing Depths: Top KB Bottom 5006'

TAIL: Pump Time _____ hrs. Type ASC 10% salt
 Amt. 185 Skys Yield 1.56 ft³/sk Density 14.66 PPG
 WATER: Lead 6.97 gals/sk Tail _____ gals/sk Total 30.70 Bbls.

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 5012 ft. P.B. to _____ ft.

Pump Trucks Used 431 - Brandon
 Bulk Equip. 891/310 - Juan M (TWS)
George Grant

CAPACITY FACTORS:
 Casing: Bbls/Lin. ft. .0238 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. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

Float Equip: Manufacturer Weatherford
 Shoe: Type AFU Float Shoe Depth 5006'
 Float: Type catchdown Flex Assy Depth 4989'
 Centralizers: Quantity 10 Plugs Top DV Btm. Flex
 Stage Collars DV TOOL
 Special Equip. 2 Baskets
 Disp. Fluid Type water/mud Amt. _____ Bbls. Weight _____ PPG
 Mud Type 706bl / 48 bl Weight _____ PPG
40vis

COMPANY REPRESENTATIVE _____

CEMENTER Paul Beaver

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	AM/PM	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per Time Period	
				Bbl	Bbl/hr	
		750*				Hold safety meeting Run Pipe / Float equip Break Circ / Drop ball pumped ball through shoe @ 750# Circ 1 hr
11:00pm		300*	5.0	5.0	4	Run water spacer
		300*	12.0	17.0	4	Mud mud flush
		300*	5.0	22.0	7	pump water spacer
		250*	30.70	52.70	4	Start cement mix 185 skys ASC
		0*	5.0	57.70	2	weigh cement 3 times @ 14.5# stop cement
		200*	70.0	127.70	6	wash-up pump + lines to pit
		300*	10.0	137.70	6	Release plug
		400*	10.0	147.70	6	Displace w/ water
		600*	10.0	157.70	6	Displace w/ mud
		800*	10.0	167.70	6	
		1000*	R.O	175.70	4	plug did land @ 1500# Lift pressure 1000#
1:00a.m.		900*				Float did hold Drop dart / opened tool Circ 4 hrs.

Date 8-14-14 District Oakley, KS Ticket No. 0164128
 Company Palps sandhider Rig Val 1
 Lease Soft Well No. 10-13
 County Leavin State KS
 Location 13-21-75 Field _____

CASING DATA: Conductor PTA Squeeze Misc
 Surface Intermediate Production Liner
 Size 5 1/2 Type New Weight 15.5# Collar _____

Casing Depths: Top KB Bottom 2009'

Drill Pipe: Size _____ Weight _____ Collars _____
 Open Hole: Size 7 7/8 T.D. 5012 ft. P.B. to 2009' ft.

CAPACITY FACTORS:

Casing: Bbls/Lin. ft. .0238 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. _____
 Perforations: From _____ ft. to _____ ft. Amt. _____

CEMENT DATA:

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

LEAD: Pump Time _____ hrs. Type _____
 Excess _____
 Amt. _____ Sks Yield _____ ft³/sk Density _____ PPG

TAIL: Pump Time _____ hrs. Type 65/35
 Excess _____
 Amt. 400 Sks Yield 1.97 ft³/sk Density 12.7 PPG

WATER: Lead 10.8 gals/sk Tail _____ gals/sk Total 102.86 Bbls.

Pump Trucks Used 431- Brandon W.
 Bulk Equip. 386 / 241 - George Grant
Tuan M. (Tus)

Floater Equip: Manufacturer Weatherford
 Shoe: Type APV Floater shoe Depth 5006'
 Floater Type Latch down Flex Assy Depth 4989'
 Centralizers: Quantity 10 Plugs Top DV Btm. Flex
 Stage Collars DV TOOL (2009')
 Special Equip. 2 Baskets
 Disp. Fluid Type Water Amt. 47.82 Bbls. Weight _____ PPG
 Mud Type 40 vis Weight _____ PPG

COMPANY REPRESENTATIVE _____

CEMENTER Paul Brewer

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	Pumped Per. Time Period	RATE Bbls Min.	
4:00	0 #		811	7.71	2	mix 30 sks in R.H
	0 #		3.86	11.57	2	
	200 #		91.29	102.86	6	start cement
	0 #		5.0	107.86	2	mix 355 sks Lite
	200 #		10.0	117.86	6	stop cement
	300 #		10.0	127.86	6	wash up pump lines to pit
	400 #		10.0	137.86	6	release plug
	600 #		10.0	147.86	6	Displace w/ water
5:00	800 #		8.0	155.86	4	plug did land @ 1800 #
						Tool did close
						Lift pressure 800 #
						cement did circulate
						(cement in cellar)
						Hold Safety meeting
						Thank You!

FINAL DISP. PRESS: 800 PSI BUMP PLUG TO 1800 PSI BLEEDBACK 1/2 BBLs. THANK YOU