



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1215815  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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: \_\_\_\_\_

1215815

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
|                                   |           |         |             |               |         |

|  |   |   |
|--|---|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____<br><i>(Submit ACO-4)</i> | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|---|---|

ISIP  
 rate to cu.  
 to spool.  
 equipment to use.  
 for surface refer to site.  
 RES. to provide refer to site.  
 to provide refer to site.  
 to provide refer to site.  
 to provide refer to site.



# TREATMENT REPORT

|                                      |                            |                                     |
|--------------------------------------|----------------------------|-------------------------------------|
| Customer<br><i>DEUTSCH</i>           | Lease No.                  | Date<br><i>02-15-15</i>             |
| Lease<br><i>Nelson</i>               | Well # <i>4-4</i>          |                                     |
| Field Order #<br><i>10078</i>        | Station<br><i>PRATT KS</i> | Casing<br><i>8 7/8</i>              |
|                                      |                            | Depth<br><i>280'</i>                |
| Type Job<br><i>CNW 8 7/8 Surface</i> | Formation                  | County<br><i>PRATT</i>              |
|                                      |                            | State<br><i>KS</i>                  |
|                                      |                            | Legal Description<br><i>4-26-11</i> |

| PIPE DATA                    |              | PERFORATING DATA |    | FLUID USED | TREATMENT RESUME |       |                  |
|------------------------------|--------------|------------------|----|------------|------------------|-------|------------------|
| Casing Size                  | Tubing Size  | Shots/Ft         |    | Acid       | RATE             | PRESS | ISIP             |
| <i>8 7/8</i>                 |              |                  |    | Pre Pad    | Max              |       | 5 Min.           |
| Depth<br><i>280</i>          | Depth        | From             | To | Pad        | Min              |       | 10 Min.          |
| Volume<br><i>14.5</i>        | Volume       | From             | To | Frac       | Avg              |       | 15 Min.          |
| Max Press<br><i>300</i>      | Max Press    | From             | To |            | HHP Used         |       | Annulus Pressure |
| Well Connection<br><i>PC</i> | Annulus Vol. | From             | To | Flush      | Gas Volume       |       | Total Load       |
| Plug Depth<br><i>280</i>     | Packer Depth | From             | To |            |                  |       |                  |

|                         |                                      |                               |
|-------------------------|--------------------------------------|-------------------------------|
| Customer Representative | Station Manager<br><i>DAVE SCOTT</i> | Treater<br><i>Robert J. D</i> |
| Service Units           | <i>32900</i>                         | <i>27463</i>                  |
| Driver Names            | <i>Sullivan</i>                      | <i>Kuemin</i>                 |
|                         | <i>Echevarria</i>                    |                               |

| Time         | Casing Pressure | Tubing Pressure | Bbls. Pumped | Rate       | Service Log                               |
|--------------|-----------------|-----------------|--------------|------------|---|
| <i>9:30</i>  |                 |                 |              |            | <i>on loc soft, meet</i>                  |
|              |                 |                 |              |            | <i>run 8 7/8 csg.</i>                     |
| <i>11:15</i> |                 |                 |              |            | <i>Casing on Bottom</i>                   |
| <i>11:25</i> |                 |                 | <i>3</i>     | <i>3.5</i> | <i>H SAKAR</i>                            |
|              |                 |                 | <i>41</i>    | <i>4.5</i> | <i>mix cont 175 sk comm 39 acc 1/4 CF</i> |
|              |                 |                 |              |            | <i>cont mix-d shut down</i>               |
|              |                 |                 |              |            | <i>Release Plug</i>                       |
|              |                 |                 |              | <i>3</i>   | <i>H Disp</i>                             |
| <i>12:00</i> | <i>400</i>      |                 | <i>16.5</i>  |            | <i>Plug down</i>                          |
|              |                 |                 |              |            | <i>1 circ 15 BBL cont Pict</i>            |
|              |                 |                 |              |            | <i>Jobs Complete</i>                      |
|              |                 |                 |              |            | <i>Thank you</i>                          |

# TREATMENT REPORT

services, L.P.

Lease No. \_\_\_\_\_ Date 02-21-14  
 Well # 4-4 County PRA TT State KS  
 Casing 5 1/2 Depth \_\_\_\_\_  
 Field Order # 10081 Station PRA TT KC Formation \_\_\_\_\_ Legal Description 4-26-11  
 Type Job CNW 5 1/2" 1st string

| PIPE DATA    |                 |              |      | PERFORATING DATA |       |            |       | FLUID USED       |  |  |  | TREATMENT RESUME |  |  |
|--------------|-----------------|--------------|------|------------------|-------|------------|-------|------------------|--|--|--|------------------|--|--|
| Casing Size  | Tubing Size     | Shots/Ft     |      | Acid             |       | RATE       | PRESS | ISIP             |  |  |  |                  |  |  |
| <u>5 1/2</u> |                 |              |      | Pre Pad          |       | Max        |       | 5 Min.           |  |  |  |                  |  |  |
| <u>4 1/2</u> | Depth           | From         | To   | Pad              |       | Min        |       | 10 Min.          |  |  |  |                  |  |  |
| <u>4 1/2</u> | Volume          | From         | To   | Frac             |       | Avg        |       | 15 Min.          |  |  |  |                  |  |  |
| <u>1500</u>  | Max Press       | From         | To   |                  |       | HHP Used   |       | Annulus Pressure |  |  |  |                  |  |  |
| <u>P.O.</u>  | Well Connection | Annulus Vol. | From | To               |       | Gas Volume |       | Total Load       |  |  |  |                  |  |  |
| <u>4130</u>  | Plug Depth      | Packer Depth | From | To               | Flush |            |       |                  |  |  |  |                  |  |  |

Customer Representative \_\_\_\_\_ Station Manager DAVE SCOTT Treater Robert J...  
 Service Units 37900 19889 19843 20959 19918

| Time        | Casing Pressure | Tubing Pressure | Bbbs. Pumped | Rate       | Service Log                               |
|-------------|-----------------|-----------------|--------------|------------|---|
| <u>3:00</u> |                 |                 |              |            | <u>on the softy medly</u>                 |
|             |                 |                 |              |            | <u>run 5 1/2" esp.</u>                    |
| <u>7:50</u> |                 |                 |              |            | <u>Case in on Bottom</u>                  |
| <u>8:00</u> |                 |                 |              |            | <u>HOOK Rig circ. up.</u>                 |
| <u>8:35</u> | <u>200</u>      |                 | <u>5</u>     | <u>3.5</u> | <u>at SPACER</u>                          |
|             |                 |                 | <u>12</u>    |            | <u>at mud fluid</u>                       |
|             |                 |                 | <u>5</u>     |            | <u>at SPACER</u>                          |
|             |                 |                 |              | <u>4.5</u> | <u>mix cont 125 v AD cont 155 pps</u>     |
|             |                 |                 | <u>30</u>    |            | <u>cont mixed shut down with ldr pump</u> |
|             |                 |                 |              |            | <u>Release Plug</u>                       |
|             |                 |                 |              | <u>6</u>   | <u>at Drop</u>                            |
|             |                 |                 |              |            | <u>LAIPS</u>                              |
|             |                 |                 |              | <u>3.5</u> | <u>Slow Rate</u>                          |
| <u>9:19</u> | <u>1250</u>     |                 | <u>98</u>    |            | <u>Plug down float HHO.</u>               |
|             |                 |                 | <u>7</u>     |            | <u>plug R/L w/ 30K and mud w/ 70K</u>     |
|             |                 |                 |              |            | <u>SOB complete</u>                       |
|             |                 |                 |              |            | <u>Thank you</u>                          |