

Confidentiality Requested:

Yes No

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1217211

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 #			API No. 15				
Name:			Spot Description:				
Address 1:			SecTwpS. R				
Address 2:			F6	eet from North /	South Line of Section		
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-Entry Workover			Field Name:				
	_		Producing Formation:				
☐ Oil       ☐ WSW       ☐ SIOW         ☐ Gas       ☐ D&A       ☐ ENHR       ☐ SIGW         ☐ OG       ☐ GSW       ☐ Temp. Abd.			Elevation: Ground: Kelly Bushing:  Total Vertical Depth: Plug Back Total Depth:				
						CM (Coal Bed Methane)	
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well Info as follows:			If yes, show depth set:				
Operator:			If Alternate II completion, cement circulated from:				
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Commingled Permit #:  Dual Completion Permit #:			Dewatering method used:_				
SWD Permit #:			Location of fluid disposal if hauled offsite:				
ENHR	Permit #:						
GSW Permit #:			Operator Name:				
			Lease Name:				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West		
Recompletion Date		Recompletion Date	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 Approved by: Date:						

Page Two



Operator Name:			L	ease Name: _			Well #:	
Sec Twp	S. R	East We	est C	County:				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes [	No	L	_	on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	No No					
List All E. Logs Run:								
		(	CASING REC	ORD Ne	ew Used			
		· ·		ıctor, surface, inte	ermediate, producti	1		I
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
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cem	ent #	# Sacks Used Type and Percent Additives				
Perforate Protect Casing	100 20111111							
Plug Back TD Plug Off Zone								
1 lag on zono								
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)
Does the volume of the to		•				_ ` ` '	p question 3)	
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - Bri Footage of Each Into				cture, Shot, Cement		d Depth
	, ,	<u> </u>			,		,	·
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:			
						Yes No		
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PPODUOTIO	ON INTERVAL.
Vented Solo	ON OF GAS:  Used on Lease	Open Ho		IOD OF COMPLE $\Box$		nmingled	PRODUCTION	ON INTERVAL:
	bmit ACO-18.)	Other (Si	necify)	(Submit		mit ACO-4)		



Foreman Brad Butter

## **Cement Service ticket**

Date	Customer #	Well Name & I	lumber Sec./Township/Range		County	
12-4-13		Sutherland	44	11-8	245-18E	Allen
Customer		Mailing Address		City	State	Zip
J.R. T	Burris	1902 Huy 54	Box 345	Tola	Ks.	66749

Job Type: La	ongstring		Truck #	Driver
			201	Kelly
Hole Size: 97/8"	Casing Size: 7"	Displacement: 33 Bus	202	Jerry
Hole Depth: 872	Casing Weight: 2316.	Displacement PSI: 500	106	Byen
Bridge Plug:	Tubing:	Cement Left in Casing: 25		Justin
Packer:	PBTD: 872		108	Redger
Quantity Or Units	Description o	f Servcies or Product	Pump charge	790.00
50	Mileage		\$3.25/Mile	162.50
17 PT 200	M. J		11.20	2 1017 .00
275 SACKS	50/50 Pozmix Cel	meri	11.30	3,107,50
450 1hs	Gel 22		.30	135,00
75 165	Flocete 14+1	°4′sk	2.15	161.25
8 Hrs	WATE-Truck #106 4	(4:307012:30>	84.00	672.00
6 His	WATE-Truck #105		84.00	504.00
6 His	WATE Truck "108.		84.00	504.00
50 miles	Truck #290		1.50	75.00
//√8 Tons	Bulk Truck		1.30	767.00
	Plugs			lomas
			Subtotal	6,878,25
		7.4%	Sales Tax	251.88
			Estimated Tota	7/30.13

Mixed 275 sks 50/50 Pormir corner up 22 Gol + 44 1/8kg Flocale, Displaced Coment with
Mixed 275 sks 50/50 Pozmix comer w 22 Gol + 4 M/skef Flocale Displaced Coment with
33 Bbls Cresh WATER - Final Pamping of 500 AST, Shutdown - close cashair with 400 AST.
33 Bblz Stesh WATER - Final Pumping of 500 AST, Shutdown - close cashing with 400 AST. Good Cement Fetwas with 12 Bbl. Slowry
Joh complete - Teardows
"Thank You"
witnessed by Mork

Customer Signature

(Rev. 1-2011)

Conservation Division Finney State Office Building 130 S. Market, Rm. 2078 Wichita, KS 67202-3802



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Shari Feist Albrecht, Chair Jay Scott Emler, Commissioner Pat Apple, Commissioner

August 12, 2014

Mark Burris Burris, J. R. 1902 HIGHWAY 54 BOX 345 IOLA, KS 66749

Re: ACO-1 API 15-001-30840-00-00 Sutherland 4 NW/4 Sec.11-24S-18E Allen County, Kansas

Dear Mark Burris:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/30/2013 and the ACO-1 was received on August 04, 2014 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

**Production Department**