Kansas Corporation Commission 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 #			API No. 15		
Name:			Spot Description:		
Address 1:				st West	
Address 2:			Feet from North / South Line	of Section	
City: Sta	ate: Zi <sub>l</sub>	p:+	Feet from _ East / _ West Line	of Section	
Contact Person:			Footages Calculated from Nearest Outside Section Corner:		
Phone: ()			□NE □NW □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:  New Well Re-Entry Workover  Oil SIOW			Lease Name: Well #:		
			Field Name: Producing Formation:		
			☐ Gas ☐ D&A	☐ ENHR	☐ SIGW☐ Temp. Abd.
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Set and Cemented at:	Feet	
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info			If yes, show depth set:	Feet	
Operator:			If Alternate II completion, cement circulated from:		
Well Name:			feet depth to:w/_	sx cmt.	
Original Comp. Date:			<u> </u>		
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan		
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)		
O constituents at	D		Chloride content:ppm Fluid volume:	bbls	
<ul><li>Commingled</li><li>Dual Completion</li></ul>			Dewatering method used:		
☐ Dual Completion Permit #:  SWD Permit #:			Location of fluid disposal if hauled offsite:		
☐ ENHR			Location of hald disposal if fladied offsite.		
GSW	Permit #:		Operator Name:		
_			Lease Name: License #:		
Spud Date or Date Reached TD Com		Completion Date or	Quarter Sec TwpS. R Ea	st 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

Confidentiality Requested:

Yes No

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:				

CORRECTION #2 Operator Name: \_ Lease Name: \_\_ Well #: \_ 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** No Log Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No J Yes Cores Taken Electric Log Run \_\_\_ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

## **Summary of Changes**

Lease Name and Number: Anderson 6-13

API/Permit #: 15-121-29642-00-00

Doc ID: 1218285

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	06/18/2014	08/12/2014
Date of First or Resumed Production or		08/01/2014
SWD or Enhr Operator's Contact Name	Bob Eberhart	Rob Eberhart
Operator's Phone	285-0873	837-5199
Operator's Street Address - line 1	30805 COLD WATER RD	602 W. Amity, Suite 103
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 10967	//kcc/detail/operatorE ditDetail.cfm?docID=12 18285