



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1221151  
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: \_\_\_\_\_

1221151



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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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

Well No. 2-I Size 7"  
Farm Brown Feet 351  
Circulated 16 sx cement

PERMANENT CSG (New)  
Size 2 7/8 Bnd ELE  
Feet 911.5 of pipe  
Bottle at 883.5 float shoe on bottom  
T. D. at Completion 920'  
Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

2840 FSL 2120 FEL  
API # 15-01-24343

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
8-13-14	0	3	Soil	① 21.5-21.5
35	3	27	Clay	② 22.5-44.0
8/14/14	27	43	Shale	③ 22.5-66.5
"	43	67	lime	④ 22.5-89.0
5 7/8 POC	67	75	shale	⑤ 22.5-111.5
	75	84	lime	⑥ 22.5-134.0
	84	89	shale	⑦ 22.5-156.5
	89	108	Lime	⑧ 22.5-179.0
	108	135	shale (lamia, w/sand)	⑨ 22.5-201.5
	135	159	lime	⑩ 22.5-224.0
	159	182	shale	⑪ 22.5-246.5
	182	194	lime	⑫ 22.5-269.0
	194	222	shale	⑬ 22.5-291.5
	222	231	lime	⑭ 22.5-314.0
	231	239	shale	⑮ 22.5-336.5
	239	250	lime	⑯ 22.5-359.0
	250	265	shale	⑰ 22.5-381.5
	265	277	lime (BRK @ 265-271)	⑱ 22.5-404.0
	277	283	shale	⑲ 22.5-426.5
	283	290	lime	⑳ 22.5-449.0
	290	332	shale (lime 320-322)	㉑ 22.5-471.5
30'	332	355	lime	㉒ 22.5-494.0
	355	361	shale (slate 355-356)	㉓ 22.5-516.5
20'	361	385	lime	㉔ 22.5-539.0
	385	390	shale (slate 385-386)	㉕ 22.5-561.5
	390	392	lime	㉖ 22.5-584.0
	392	396	shale	㉗ 22.5-606.5

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	soil	3
24	clay	27
16	shale	43
24	lime	67
8	shale	75
9	lime	84
5	shale	89
19	lime	108
27	shale	135
24	lime	159
23	shale	182
12	lime	194
28	shale	222
4	lime	231
8	shale	239
11	lime	250
15	shale	265
12	lime	277
6	shale	283
7	lime	290
42	shale	332
30'	23 lime	355
6	shale	361
20'	24 lime	385
5	shale	390
2	lime	392
4	shale	396
7	lime	403
169	shale	572
4	lime	581
4	shale	585
4	lime	589
6	shale	595
8	lime	603
13	shale	616
3	lime	619
11	shale	630
6	lime	636
18	shale	654
10	lime	664
47	shale	711



**CONSOLIDATED**  
Oil Well Services, LLC

270520

TICKET NUMBER 48045  
LOCATION Ottawa KS  
FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-15-14	3425	Braun # 21-1	SE 36	14	21	JO
CUSTOMER Nughes Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 122 N. Main			712	Fred Mad		
CITY Wellsville			368	Ar1 McD		
STATE KS			510	Dus Web		
ZIP CODE 66092						

JOB TYPE Long string HOLE SIZE 5 5/8 HOLE DEPTH 920 CASING SIZE & WEIGHT 2 7/8 EUE  
CASING DEPTH 911 DRILL PIPE Baffle TUBING @ 883' OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 28' Plug  
DISPLACEMENT 5.13B DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 132 SKS 50/50 Por Mix Cement 2 7/8 Cbl 44# Flo Seal/sk. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber Plug to waffle in casing. Pressure to 800# PSI. Hold & Monitor Pressure for 30 Min MIT. Release pressure to set float valve.

Rig Supplied H2O.  
MCC Rep: Taylor Herman Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085 <sup>00</sup>
5426	30 mi	MILEAGE	368	126 <sup>00</sup>
5402	911	Casing footage		N/C
5407	Minimum	Ten Miles	510	368 <sup>00</sup>
1124	132 SKS	50/50 Por Mix Cement	1515 <sup>00</sup>	✓
1118B	322#	Premium Gel	70 <sup>01</sup>	✓
1107	33#	Flo Seal	81 <sup>97</sup>	✓
		Material	1670 <sup>35</sup>	
		Less 30%	-501 <sup>11</sup>	✓
		Total		11693 <sup>24</sup>
4402	1	2 1/2" Rubber Plug		295 <sup>00</sup>
			3404.21	
		7.375%	SALES TAX	88 <sup>40</sup>
			ESTIMATED TOTAL	2866 <sup>14</sup>

AUTHORIZATION Chery TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.