



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1222198
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: _____

1222198

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Hi Plains Lumber
CASH RECEIPT

SKU #	DESCRIPTION	EXT
9901004	Portland Cement Type I	
Qty	12.00 @ 14.30	171.60

SUBTOTAL: 171.60

TAX: 13.13

TOTAL: 184.73

TENDERED: 184.73

CHANGE: 0.00

Hi-Plains Lumber Company
Returned merchandise must be accompanied
with this receipt.

04/09/14 13:23:56 721762 cohys

COMPANY: DCP Midstream
 COMPANY REP.: Larry Busby
 LOCATION: National Helium Plant
 JOB NO.: 340310595
 FOREMAN: Todd Whetstone
 DRILLER: Panhandle Water well

DATE: 4/22/2014
 DIA. HOLE: 10
 DEPTH: 400
 COKE TYPE: Petroleum
 # OF COKE: 450
 # OF BENTONITE: 150

CASING: PVC SDR-21
 DIAMETER: 10
 CASING DEPTH: 20 FT
 # OF ANODES: 25
 ANODE TYPE: 2684 Z - 2.7" X 84" (TA-3)
 ANODE LEAD: #8 Halar

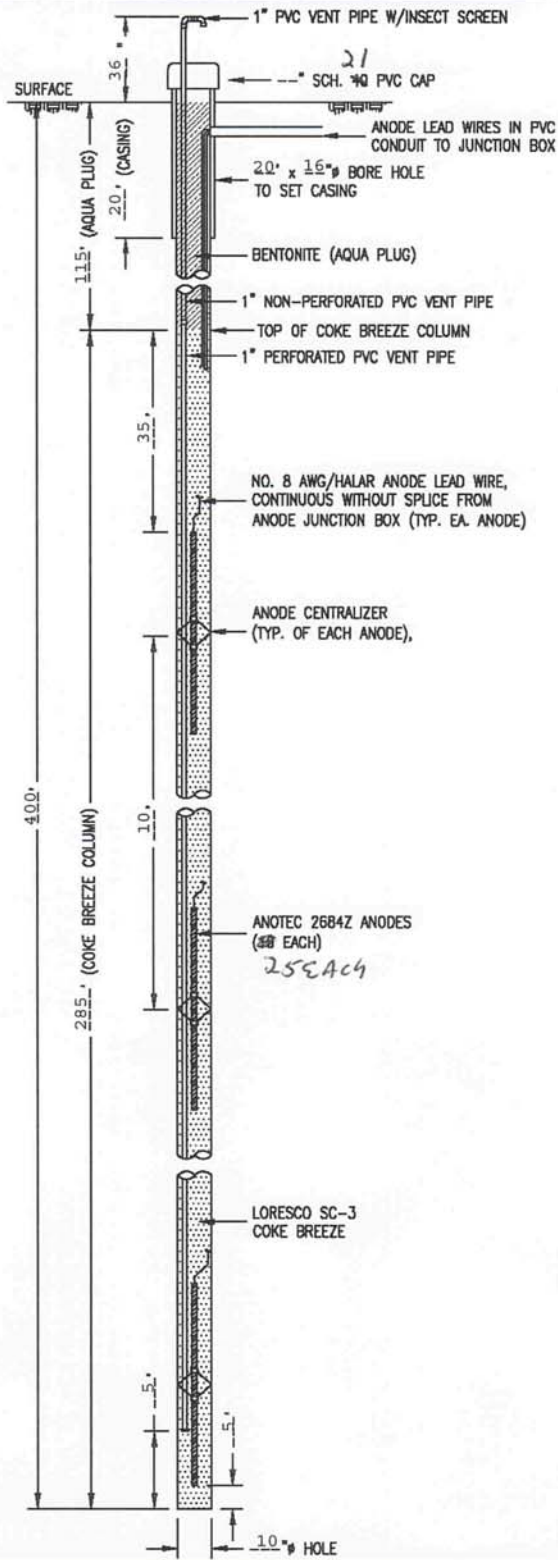


RECTIFIER MFG: _____
 MODEL: _____
 SERIAL #: _____
 V-DC: _____ A-DC: _____

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
0	Top Soil		Rectifier			
5			7 V			
10	Sand					
15						
20	Sand					
25						
30	Sandy Clay			2.4		
35						
40	Sand			2.1		
45						
50	Sand and small Gravel			2.3		
55						
60	Sand			2.2		
65						
70	Sand			2.5		
75						
80	Sand			2.6		
85						
90	Sandy Clay			2.4		
95						
100	Sandy Clay			2.6		
105						
110	Sandy Clay			2.4		
115						
120	Sandy Clay			2		
125						
130	Sand and small Gravel			2.1		
135						
140	Sandy Clay			2.1		
145						
150	Sandy Clay			2.3		
155		25				
160	Sandy Clay			2.1		
165		24				
170	Sandy Clay			2.3		
175		23				
180	Sandy Clay			1.9		
185		22				
190	Sandy Clay			1.8		
195		21				
200	Sandy Clay			1.9		
205		20				

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
210	Sandy Clay			1.6		
215		19				
220	Sandy Clay			1.8		
225		18				
230	Sand and Small Gravel			1.1		
235		17				
240	Sand and Small Gravel			1.2		
245		16				
250	Sand			1.4		
255		15				
260	Sand			1.4		
265		14				
270	Sand			1.6		
275		13				
280	Sand			1.2		
285		12				
290	Sand			1.2		
295		11				
300	Sand			1.2		
305		10				
310	Sand			1.2		
315		9				
320	Sand			1.6		
325		8				
330	Sand			1.2		
335		7				
340	Sand			1.6		
345		6				
350	Sand			1.4		
355		5				
360	Sand			1.6		
365		4				
370	Sand			2.7		
375		3				
380	Sand			1.8		
385		2				
390	Sand			1.6		
395		1				
400	Sand			2.4		

G:\Region\085\2013\31 TULSA\MIDSTREAM\340310416-01.dwg LAYOUT: TEMPLATE



REVISED		REVISIONS		REV.	CHK.	APP.
NO.	DATE					
△						
△						
△						
△						

corrpro
An Aegion Company

DESIGNED BY	FMoreno
DATE	5-1-13
SCALE	N.T.S.
JOB NO.	
DRAW. NO.	TEMPLATE

CATHODIC PROTECTION SYSTEM
DEEP ANODE GROUND BED
INSTALLATION-SECTION VIEW