Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1223441

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:	
Address 2:	Feet from  North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd.     CM (Coal Bed Methane)	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 as follows:	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: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Eluid Management Plan
Plug Back       Conv. to GSW       Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
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 #:	Location of huld disposal in hadred offsite.
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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 III Approved by: Date:

	Page Two	1223441
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS. Chain important tang of formations panetrated. De	tail all aaraa Bapart all final	agniag of drill atoms tools giving interval toolad, time tool

**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 (Attach Additional Sh	eets)	Yes No		-	n (Top), Depth an		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
			RECORD Ne				
		Report all strings set-o	conductor, surface, inte	ermediate, production	on, 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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							

Did you perform a hydraulic fracturing treatment on this well?	Yes	No
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes	No
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes	No No

(If No, skip questions 2 and 3) (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot		PERFORATION Specify For		RD - Bridge Plu Each Interval Pe		e			ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	At:	Liner R	un:	No	
Date of First, Resumed	l Producti	on, SWD or ENHF	<b>}</b> .	Producing Me	thod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI		24.5.				OF COMPLE			PRODUCTION INT	
Vented Solo	_	Jsed on Lease		Open Hole	Perf.	Dually (Submit A	Comp.	Commingled		
(If vented, Su	bmit ACC	-18.)		Other <i>(Specify)</i> _		(Submit A	,	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

EDWARD E BIRK	SERVICE TICKET	
302 SOUTH 16TH	WELL CEMENTING	
BURLINGTON, KS 66839		mulanul
620-364-1311 - OFFICE, 620-364-6719 -	CELL	DATE: (0/04/2/4
FJ ANK	COUNTY 4	CITY/
CHARGE TO FA DIVE		
ADDRESS	( CITY ST	_ ZIP
LEASE & WELL/NO. ///////	CONTRACTOR	
KIND OF JOB (Innt TONG ST	<u>rich</u> sec twp RG	
DIR. TO LOC.		OLE NEW

QUANTITY		MATERIAL USED		SERV. CHG
120 SX	Portland	Cement		
			····	
·····		<b>12</b> million (1999) (19		
	BULK CHARGE	••••••••••••••••••••••••••••••••••••••	· · · · · · · · · · · · · · · · · · ·	
······	BULK TRK. MILES		19-44	
	PUMP TRK, MILES			
	PLUGS			
	TOTAL			
т. <u>д//66</u>	/	CSG. SET AT <u>1158'</u>	VOLUME	
SIZE HOLE 5	1/8"	TBG SET AT	VOLUME	
MAX. PRESS		SIZE PIPE 2 7/8"		
PLUG DEPTH		PKER DEPTH	_ PLUG USED	
TIME FINISHED;				
REMARKS:	nnect to a	pe Runp Cement	- into well. G	bod Circ.
				/
NAME		Edinard	Rick	
·		<u> </u>	0	
CEMENTER O	RTREATER	OWNER'S REI		

P.O. Box 66 Iola, Kanso Phone: (620 NOTICE TO OWNER Failure of this contract complete this contract	us 66749 ) 365-5588 or to pay those persons supplying can result in the filing of a mechan	Payless Co	patrete Pro	ducts, Inc	under truck's own j seiler assumes no roadways, driveway risk. The maximum charge will be mac water contents for s strength test when w Contractor must pro per truck i contracts	ivered to the nearest accessib power. Due to delivery at owner responsibility for damages in s, buildings, trees, shrubber, ru alidated time for unloading the for holding trucks longer. Th trength or mix indicated. We do rater is acided at customer's requ- vide place for truck to wash ou r does not supply a place to wa	s or intermediary's direction any manner to sidewalks stc., which are at customer' iks is 5 minutes per yard. J is concrete contains correct not assume responsibility fo east. A \$30 charge with be addeed
which is the subject of t	nis contract.		i Ri <sup>n</sup> ana	In the second	buyers responsibility		
		ATTVE VENT	URES				
	044-HWY 75				W OF LERG	• • • • • • • • • • • • • • • • • • • •	
Đ	URLINGTON	1 C.	66839	F1	ARMERS FRON	T YARD	
TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK	% Air	PLANT/TRANSACTION
1:19 0	MUELL	10.00	12. Ø0		TC 35		COFC
DATE	PO NUMPE		YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
87471	4 MEL # 5	4	12. 章章	2	e. Ce	4.00 in	37572
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