



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1224546
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: _____

1224546

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

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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HUGHES DRILLING REPORT

SURFACE CASING
 Well No. I-2 Size 7"
 Farm N. M. Miller Feet 30
 Circulated 9 sx cement

PERMANENT CSG.
 Size plugged well
 Feet

OPERATOR Hughes Drilling Co.
#5682

T. D. at Completion 740
 Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	soil	3
22	clay	25
17	shale	42
24	lime	66
7	shale	73
11	lime	84
7	shale	91
17	lime	108
35	shale	143
32	lime	175
63	shale	238
25	lime	263
7	Gr sand	270
9	shale	279
6	lime	285
22	shale	307
15	lime	322
23	shale	345
30'	24 lime	369
8	shale	377
20'	24 lime	401
4	shale	405
4	lime	409
2	shale	411
6	lime	417
14'	shale	564
3	lime	567
3	shale	570
3	sand	573
12	shale	585
8	lime	593
21	shale	614
8	lime	622
13	shale	635
3	lime	638
5	shale	643
8	lime	651
14	shale	665
3	lime	668
2	shale	670
7	shy shale	677

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
7/9/14	0	3	Soil	① 21.5-22.5
30'	3	25	clay	② 22.5-44.0
7/10/14	25	42	shale	③ 22.5-66.5
	42	66	lime	④ 22.5-84.0
5 5/8" PDC	66	73	shale (bank) (slate 72-73)	⑤ 22.5-111.5
	73	84	lime	⑥ 22.5-134.0
	84	91	shale	⑦ 22.5-156.5
	91	108	lime	⑧ 22.5-179.0
	108	143	shale	⑨ 22.5-201.5
	143	175	lime	⑩ 22.5-224.0
	175	238	shale	⑪ 22.5-246.5
	238	263	lime	⑫ 22.5-269.0
	263	270	Gray sand	⑬ 22.5-291.5
	270	279	shale	⑭ 22.5-314.0
	279	285	lime	⑮ 22.5-336.5
	285	307	shale	⑯ 22.5-359.0
	307	322	lime	⑰ 22.5-381.5
	322	345	shale (324-327)	⑱ 22.5-404.0
30'	345	369	lime	⑲ 22.5-426.5
	369	377	shale (slate 376-377)	⑳ 22.5-449.0
20'	377	401	lime	㉑ 22.5-471.5
	401	405	shaly slate 404-405	㉒ 22.5-494.0
	405	409	lime	㉓ 22.5-516.5
	409	411	shale	㉔ 22.5-539.0
"Hertha"	411	417	lime	㉕ 22.5-561.5
	417	564	shale (Drkn 420-423) (shy 531-534)	㉖ 22.5-584.0
	564	567	lime	㉗ 22.5-606.5

HUGHES DRILLING CO.

Wellsville, Kansas 66092

Roger 913-883-2235
Darrel 913-883-4027

CORE TIME

Ron 913-883-4655
Clay 913-883-4383

LEASE N. McMillen T-2
FORMATION #1 squirrel
DATE: 7-10-14

~~2 1/2~~ 3' shake Bit

FROM	FEET TO	TIME	MINUTES	REMARKS
670	671	chip sample		
① 671	672	1:10:00 - 1:11:15	1:15	} sdy shale
② 672	673	1:12:15	1:00	
③ 673	674	1:13:15	1:00 ^{stop} _{add joint}	
④ 674	675	1:19:00 - 1:20:00	1:00	
⑤ 675	676	1:20:45	:45	Thin streaks of sand (oil trap)
⑥ 676	677	1:22:00	1:15	} 1T Brown sand 677-682
⑦ 677	678	1:23:00	1:00	
⑧ 678	679	1:23:45	:45	
⑨ 679	680	1:24:45	1:00	
⑩ 680	681	1:25:45	1:00	
⑪ 681	682	1:26:45	1:00	} sdy lime (No oil)
⑫ 682	683	1:28:00	1:15	
⑬ 683	684	1:28:45	:45	} sand lamin w/shale (bleeding oil)
⑭ 684	685	1:29:45	1:00	
⑮ 685	686	1:30:30	:45	
⑯ 686	687	1:31:30	1:00	} shale
⑰ 687	688	1:32:30	1:00	
⑱ 688	689	1:33:30	1:00	
⑲ 689	690	1:34:30	1:00	
⑳ 690	691	1:35:30	1:00	(No Good) CCM

