

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1224899

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

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: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Mexico Office: Acto de Xalpa No 51 Vista del Valle 53296 Naucalpan Edo. De Mexico T: +52 55.8995.9907 C: +52 155 1812.9951
Contact Email: sales@saeinc.com Website: www.saeinc.com



Anode Bed Proposal

01 **Client:** Corrpro
02 **Contact Name:** Ron Kygar
Address: 11616 West 59th Street, Sand Springs, OK 74063
Telephone: 918-215-1104
Email: rkygar@corrpro.com
03 **Location:** Various Kansas location, Magellan Pipeline
04 **Date:** 20-May-14
05 **File No.** us140520corrpro
06 **SAE Rep.** Charlie Poore

07 **No. of AEL** 12
08 **AEL Rating (amps)** 4
09 **Bottom elev of bed (ft)** 300
10 **Top elev of bed (ft)** 120
11 **Backfill cover (ft)** 15
12 **Length of AEL (ft)** 6
13 **Bottom spacing (ft)** 5
14 **Horizontal to rectifier (ft)** 20
15 **Diameter of well (in)** 10
16 **Spacing btwn AEL (ft)** 8.00
17 **Active column (ft)** 180

SAE Inc is pleased to provide this proposal for an EnvirAnode system. Refer to Appendix 'A' for drawing and material details.

SAE AEL pre-cast anodes quantity	12
Cable, AWG 8, 20 mils Kynar inner jacket with 65 mils thick HMWPE insulation, cut to individual lengths as shown in the Cable Length column Appendix A, bonded and sealed to each anode, total quantity in feet	2,784
SAE Conducrete backfill for the active column, quantity of 55 lb bags = 106	
Plus a contingency of 10% allowing for imperfections in the well for a total quantity in 55 lb bags	116
Does not include installation cost	

EnvirAnode Price: \$14,775

Freight : Freight not Included

***NOTE:** Ground bed must be allowed to cure for 30 days prior to energizing with rectifier to avoid damage to bed performance.
AEL Anodes have a 5 amp maximum rating.

Terms and Conditions:

- All pricing is in US dollars.
- All Sales are Ex Works unless noted otherwise.
- All applicable taxes, duties, tariffs and brokerage are extra.
- Changes in quantities shown in lines 07 to 16 (inclusive) above will change the price as shown.
- Price is valid for 60 days from the date of this proposal.
- Shipping of product approximately 4 - 6 weeks A.R.O.
- Net 30 days upon Approved Credit.
- Interest will be charged on delinquent payments at a rate of 1-1/2% per month.
- Prices are subject to change without notice.
- Orders to the United States require the purchaser's Federal ID number.

No warranty of merchantability or other warranty, express or implied, is made by Seller except that the Seller warrants the goods to be free of defects in workmanship. All information and suggestions appearing in this document or any of the Seller's product literature, quotations or product descriptions is believed to be reliable. However, it is the user's responsibility to determine the suitability of the product for his own use. Since the actual use by others is beyond the Seller's control, no guarantee, expressed or implied other than the warranty statement above, is made by Seller to the effects of such use or the results to be obtained, nor does Seller assume any liability arising out of use of the products by others. Nor is the information in Seller's quotations or product descriptions to be construed as absolutely complete since additional information may be necessary or desirable when particular or exceptional conditions or circumstances exist or because of applicable laws or government regulations. Seller will not be liable for any action or result, claim or loss from same when goods manufactured by the Seller are made in accordance with specifications, drawings or samples supplied by the Buyer. Nothing contained in Seller's quotations or product descriptions is to be construed as permission or as a recommendation to infringe any patent. Since Seller's goods are generic in nature and can be used for many different applications and actual use by others are beyond Seller's control, the Seller will not be liable for any action or result, claim or loss when goods are used for applications where patents may be in effect.

COMPANY: Magellan Partners
 COMPANY REP.: Mark Lepich
 LOCATION: MP 30+34
 JOB NO.: 340310622
 FOREMAN: Charles Bogel
 DRILLER: Clint Tyler

DATE: 8/26/2014
 DIA. HOLE: 10
 DEPTH: 300
 COKE TYPE: Conducrete
 # OF COKE: 116
 # OF BENTONITE: 65

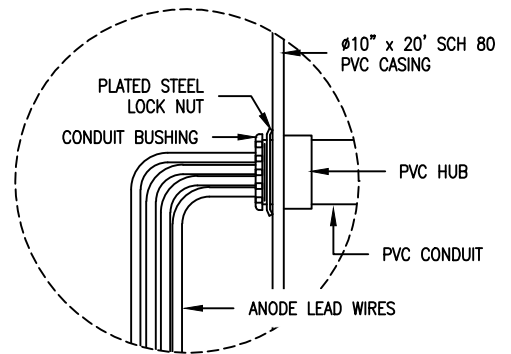
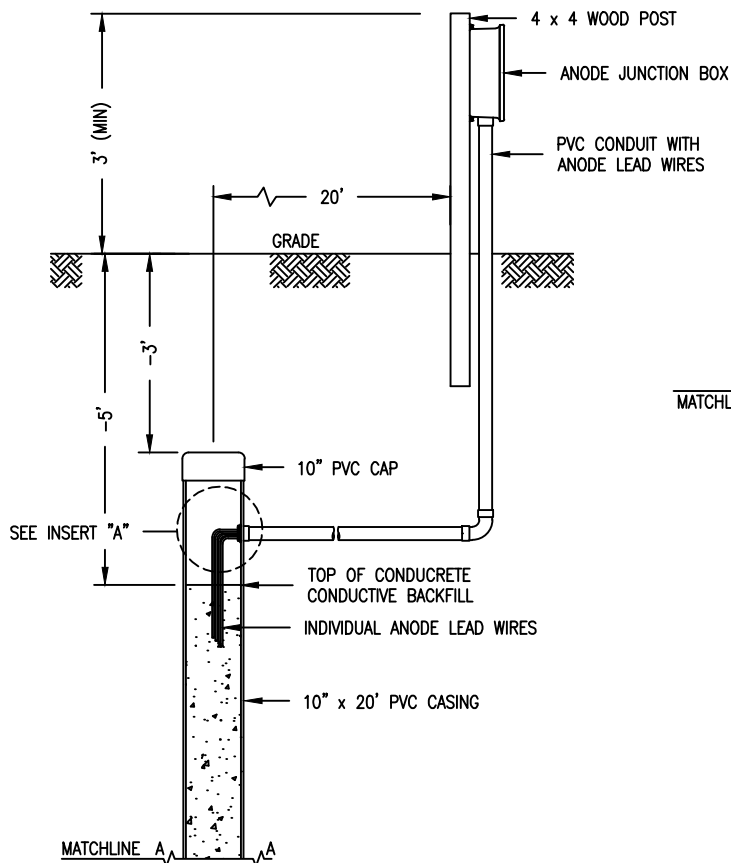


CASING: PVC SDR-21
 DIAMETER: 10
 CASING DEPTH: 20
 # OF ANODES: 12
 ANODE TYPE: SAE AEL pre-cast
 ANODE LEAD: #8 Halar

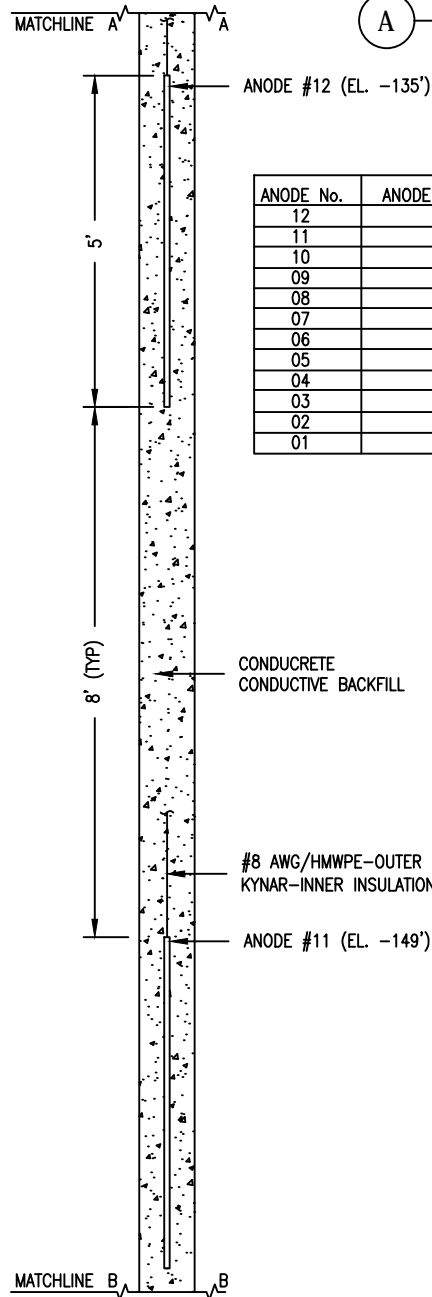
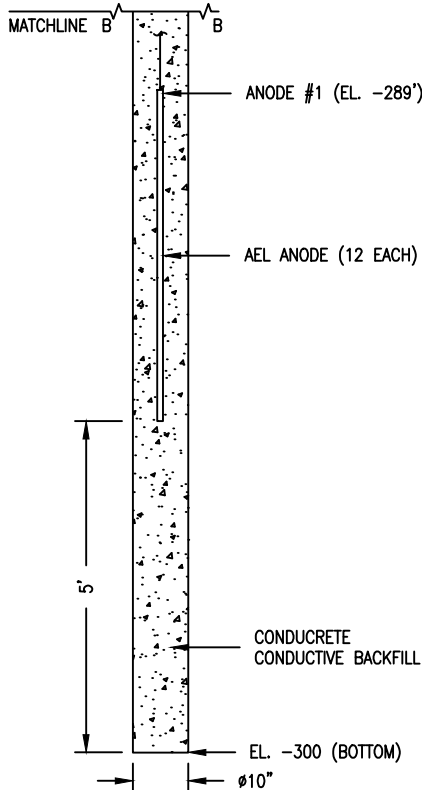
RECTIFIER MFG: _____
 MODEL: _____
 SERIAL #: _____
 V-DC: _____ A -DC: _____

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
0	Clay		BATTERY			
5	Clay					
10	Clay					
15	Clay					
20	Limestone Layers					
25	Limestone Layers					
30	Limestone Layers					
35	Gray Shale					
40	Gray Shale					
45	Gray Shale					Air Drilled, Very little water in Bore Hole
50	Gray Shale					
55	Gray Shale					
60	Gray Shale					
65	Gray Shale					
70	Gray Shale					
75	Gray Shale					
80	Gray Shale					
85	Gray Shale					
90	Gray Shale					
95	Limestone Layers/Shale Layers					
100						
105						
110						
115						
120	Limestone Layers/Shale Layers					
125	Gray Shale					
130	Gray Shale					
135	Gray Shale					
140	Gray Shale					
145	Gray Shale					
150	Gray Shale					
155	Gray Shale					
160	Gray Shale					
165	Gray Shale					
170	Gray Shale					
175	Gray Shale					
180	Gray Shale					
185	Gray Shale					
190	Limestone Layer/Shale Gray					
195						
200						
205	Limestone Layer/Shale Gray					

DEPTH FT.	DRILLERS LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS
210	Limestone Layer/Shale Gray					
215						
220						
225	Limestone Layer/Shale Gray					
230						
235						
240	Limestone Layer/Shale Gray					
245	Shale Gray					
250	Shale Gray					
255	Limestone					
260	Limestone					
265	Limestone					
270	Limestone					
275	Limestone					
280	Limestone					
285	Limestone					
290	Red Shale					
295						
300	Red Shale					
305						
310						
315						
320						
325						
330						
335						
340						
345						
350						
355						
360						
365						
370						
375						
380						
385						
390						
395						
400						



A INSERT



ANODE No.	ANODE DEPTH (FT)	CABLE LENGTH (FT)
12	135	155
11	149	169
10	163	183
09	177	197
08	191	211
07	205	225
06	219	239
05	233	253
04	247	267
03	261	281
02	275	295
01	289	309

G:\Regional\JOBS\2014\31 TULSA\340310622 MAGELLAN MIDSTREAM PARTNERS - MP 30+34\340310622-01.dwg LAYOUT: Layout1

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

corrpro
An Aegion Company

DRAWN BY	FMoreno
DESIGNED BY	BMarshall
DATE	9-25-14
SCALE	N.T.S.
JOB NO.	340310622
DWG. NO.	340310622-01

MAGELLAN MIDSTREAM PARTNERS
CATHODIC PROTECTION SYSTEM
BELOW GRADE TERMINATION
DEEP ANODE GROUNDBED
INSTALLATION DETAILS - MP 30+34