

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1225216

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: _____



1225216

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 (Attach Additional Sheets)	<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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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

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

Form	ACO1 - Well Completion
Operator	Regency Field Services LLC
Well Name	GFC 2
Doc ID	1225216

Tops

Name	Top	Datum
SANDY TOP SOIL	0'	
CLAY	5'	
CALICHE	15'	
ROCK	45'	
SAND W/GRAVEL	65'	
REDBED	95'	
SANDSTONE	115'	
SAND	175'	
SANDSTONE	185'	
REDBED	265'	



4520 State Hwy 136, Amarillo, TX 79108-7617 • tel. 806-383-5047 • fax 806-383-1716

Deep Well GroundBed Data:			Date: 09/18/14		
Job Number: RGC12-2014-KS			Drilling Contractor: McLean's CP Installation, Inc		
Company Name: REGENCY			Facility/Line: GFC#2		
Subject: DEEP WELL			State: KS		
Well Depth: 300'			County: MORTON		
Diameter: 10"			Other-Driller: KK		
Casing: 20'					
Type of Backfill: SC2			TEST VOLTS:		
Anode Type: 1 SET OF 20-ANOTECH 2684					
Remarks:					
Drilling Log			Electrical Log		
			BEFORE BACKFILL		
			AFTER BACKFILL		
Depth:	Formation Type:	Material:	Volt	Anode	Anode #
				Depth	
0'	SANDY TOPSOIL	CASING/HOLE PLUG			
5'	CLAY	CASING/HOLE PLUG			
10'	CLAY	CASING/HOLE PLUG			
15'	CALICHE	CASING/HOLE PLUG			
20	CALICHE	CASING/HOLE PLUG			
25	CALICHE	HOLE PLUG			
30	CALICHE	HOLE PLUG			
35	CALICHE	HOLE PLUG			
40	CALICHE	HOLE PLUG			
45	ROCK	HOLE PLUG			
50	ROCK	HOLE PLUG			
55	ROCK	HOLE PLUG			
60	ROCK	HOLE PLUG			
65	SAND W/ GRAVEL	COKE			
70	SAND W/ GRAVEL	COKE			
75	SAND W/ GRAVEL	COKE			
80	SAND W/ GRAVEL	COKE			
85	SAND W/ GRAVEL	COKE			
90	SAND W/ GRAVEL	COKE			
95	REDBED	COKE			
100	REDBED	COKE			
105	REDBED	COKE			20
110	REDBED	COKE			
115	SANDSTONE	COKE			19
120	SANDSTONE	COKE			
125	SANDSTONE	COKE			18
130	SANDSTONE	COKE			
135	SANDSTONE	COKE			17
140	SANDSTONE	COKE			
145	SANDSTONE	COKE			16
150	SANDSTONE	COKE			
155	SANDSTONE	COKE			15
160	SANDSTONE	COKE			
165	SANDSTONE	COKE			14
170	SANDSTONE	COKE			
175	SAND	COKE			13
180	SAND	COKE			
185	SANDSTONE	COKE			12
190	SANDSTONE	COKE			
195	SANDSTONE	COKE			11
200	SANDSTONE	COKE			
205	SANDSTONE	COKE			10
210	SANDSTONE	COKE			
215	SANDSTONE	COKE			9
220	SANDSTONE	COKE			
225	SANDSTONE	COKE			8
230	SANDSTONE	COKE			
235	SANDSTONE	COKE			7
240	SANDSTONE	COKE			
245	SANDSTONE	COKE			6
250	SANDSTONE	COKE			



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Company Name:	REGENCY		Facility/Line:	GFC#2	
Subject:	DEEP WELL		State:	KS	
Well Depth:	300'		County:	MORTON	
Diameter:	10"		Other-Driller:	KK	
Casing:	20"				
Type of Backfill:	SC2		TEST VOLTAGE:	0	
Anode Type:	1 SET OF 20-ANOTECH 2684				
Remarks:					
Drilling Log			Electrical Log		
			BEFORE BACKFILL		
Depth:	Formation Type:	Material:	Volt	Anode	Anode #
				Depth	
255	SANDSTONE	COKE			5
260	SANDSTONE	COKE			
265	REDBED	COKE			4
270	REDBED	COKE			
275	REDBED	COKE			3
280	REDBED	COKE			
285	REDBED	COKE			2
290	REDBED	COKE			
295	REDBED	COKE			1
300	REDBED	COKE			

WELL #: GFC #2

Morton County

17.5 in.

9.875 in.

