

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1226455

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:	SecTwpS. R 🗌 East 🗌 West				
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: ()	□NE □NW □SE □SW				
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:				
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.				
□ Deepening       □ Re-perf.       □ Conv. to ENHR       □ Conv. to SWD         □ 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  Dewatering method used:				
Dual Completion Permit #:					
SWD         Permit #:	Location of fluid disposal if hauled offsite:				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	QuarterSec.         TwpS. 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 III Approved by: Date:						

Page Two



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East V	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(	shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		// OI	T	d Damasat
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs. /		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used	d Type and Percent Additives				
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i> 
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit )	ACO-5) (Sub	mit ACO-4)			

### SUNFLOWER WELL SERVICE, INC.

COMPLETION—WORKOVER—ROD & TUBING SERVICE 408 N. 4TH STREET, P.O. BOX 341, CANTON, KS 67428

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	Lease Klinkerma	an				MC_	
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	7-14 lines + land	at 2847	Comos	+ liner	<i>ω</i> /		
125 se	icks. Lement		30 sacks	4 1			
Shute	down			Rig + Cre	<u>U</u>	9	1845.00
						and the second s	
		EXTRA EQUIPMENT &	SUPPLIES			HRS.	AMOUNT
Power tongs	for Labing						30,00
Kero. & Paint			MANUAL II				
Swab Cups							
Other:					SUB TOTAL _	<u> </u>	0.00
					_ XAF	<u> 2</u> (	87.80
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COMPLETION—WORKOVER—ROD & TUBING SERVICE 408 N. 4TH STREET, P.O. BOX 341, CANTON, KS 67428

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	Unit Oper	11		Prod. well	Well	well Swb		
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# FIELD ORDER Nº C42922

#### BOX 438 • HAYSVILLE, KANSAS 67060 316-524-1225

ress		(NAME OF CUSTOMER)  City		_ State	
reat Well follows: I	ease V		Customer C	rder No.	
Twp.			A	State	1
DITIONS: be held li d, and no nent is pay voicing de	able for any dar representations able. There will partment in acc	onsideration hereof it is agreed that Copeland Acid Service is lage that may accrue in connection with said service or treath have been relied on, as to what may be the results or effect or be no discount allowed subsequent to such date. 6% interest ordance with latest published price schedules. himself to be duly authorized to sign this order for well owner	to service or treat at owners risk, t nent. Copeland Acid Service has a f the servicing or treating said well will be charged after 60 days. Tot	made no repres I. The consider	sentation, expres ration of said ser
	IST BE SIGNED IS COMMENCED		By		300
CODE	QUANTITY	Well Owner or Operator  DESCRIPTION		UNIT COOK	AMOUNT
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			TOTAL BILLING		W.
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### TREATMENT REPORT

Acid Riese No.

Date 11	7][4 p	intrict Bull	eter P. (	). No	Type Treatment: Amt.  BkdownBbl./Gal		
Company	Days	on Kart	••••••	***************************************	Bbi./Gai	***************************************	······································
Well Name	U.L.P.XON &	<u> </u>	$M \Sigma$	******************************	Bbl./Gal	·	***** *********************************
Location					Bbl. /Gel		*********************************
County	n°Phas	, C	State 4	<b>3</b>	Flush	******	······ ·······························
en et a marine a presenta está bastaca					Treated from ft	L. to	ft. No. ft
Cusing: Size	<b>.</b>	Type & Wt		Set atft.	from	t. to	ft. No. ft
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					Actual Volume of Oll/Water to Los	d Hole:	Bbl) /Gal.
	. 4 7			Bottom at 38 35 ft.	Pump Trucks. No. Used: Std. 52	3sp.	Twin
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	•				l'acker:		
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