Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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				
Address 2:		Feet from North / South Line of Section				
City: State: 2	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:				
		Producing Formation:				
Oil WSW SWD	SIOW	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:				
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	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						
Deepening Re-perf. Conv. to I	_	Drilling Fluid Management Plan				
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
	_	Chloride content:ppm Fluid volume:bbls				
		Dewatering method used:				
		Dewatering method dood.				
		Location of fluid disposal if hauled offsite:				
		Operator Name:				
GSW Permit #:		Lease Name: License #:				
Canad Data as Data Data LTD	Completion Data are	Quarter Sec TwpS. R				
Spud Date or Date Reached TD Recompletion Date	Completion Date or 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 Approved by: Date:				

Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geological Survey		es 🗌 No		Name Top		Тор	L	Datum		
Cores Taken Ye Electric Log Run Ye										
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing : (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Denth					EEZE RECORD				
Purpose:  Perforate Protect Casing Plug Back TD  Depth Top Bottom  Type of Cement # Sacks Used Type and Percent Additives		# Sacks	# Sacks Used Type and Percent Additives							
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	n this well?	·			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC	)-1)
Shots Per Foot	nots 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	t:	Liner Run:				
							Yes No			
Date of First, Resumed Production, SWD or ENHR.  Producing Method:  Flowing Pumping			Gas Lift C	other (Explain)						
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOCITIO	ON OF CAS:			AETLIOD OF	COMPLE	TION		BDODUOTIO	או ואודכטי	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:  Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled										
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			

## **Summary of Changes**

Lease Name and Number: Jensen SWD -1

API/Permit #: 15-059-26806-00-00

Doc ID: 1229188

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/23/2014	10/24/2014
Perf_Material_1	2" DML RTG	
Producing Formation	Mississippi	Arbuckle
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 25521	//kcc/detail/operatorE ditDetail.cfm?docID=12 29188