Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1230717

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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 #:
	Field Name:
New Well Re-Entry Workover	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
GG GSW Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane) 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
,	If Alternate II completion, cement circulated from:
	feet depth to:w/sx cmt.
Well Name:	w/sx cm.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Plug Back Conv. to GSW Conv. to Producer	
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date 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 III Approved by: Date:

	Page Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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)		Yes No		og Formatio	on (Top), Depth a	nd Datum	Sample
Samples Sent to Geolog	ical Survey	Yes No	Name	•		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD New		on, 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 / SQU	EEZE RECORD			
_							

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	

Yes	No
Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

(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							Depth		
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R		No	
Date of First, Resumed	Production	on, SWD or ENHR	ł.	Producing Metho	od: Pump	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas M	ſcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIC		40				OF COMPLE			PRODUCTION INT	
Vented Sold		IAS: Jsed on Lease			Perf.	Dually			PRODUCTION IN	ERVAL:
(If vented, Sub				Other (Specify)		(Submit A	,	(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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IF PAID IN 30 DAYS

PRINTED NAME SIGNATURE

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GLOBAL CEMENTING, L.L.C.

1495

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