



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1230944  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_



1230944

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
<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 <i>(Amount and Kind of Material Used)</i>	Depth

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
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810 E 7TH  
PO Box 92  
EUREKA, KS 67045  
(620) 583-5561



**Cement or Acid Field Report**  
Ticket No. **1839**  
Foreman Rick Letford  
Camp Eureka, KS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
10-20-14	1080	Mellor #3	1	24S	3E	Butte	Ks	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
Lean Smithman Jr	14331 Tupperary Circle	Wichita	Ks	67230	102	Chris R.		
					110	Scott W.		
					141	John S.		

Job Type 1" top outside to 301 KB Slurry Vol. \_\_\_\_\_ Tubing 1" hydrill @ 290'  
 Casing Depth \_\_\_\_\_ Hole Depth \_\_\_\_\_ Slurry Wt. 14" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 5 1/2" Cement Left in Casing \_\_\_\_\_ Water Gal/SK 20 Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI \_\_\_\_\_ Bump Plug to \_\_\_\_\_ BPM \_\_\_\_\_

Remarks: Safety meeting - Rig up to 1" hydrill @ 299' GL Mixed 85 sks 100/40 Pozmix cement w/ 4% gel @ 14" / gal. full 1" out well stayed full. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C101	1	Pump Charge	840.00	840.00
C107	25	Mileage	3.95	98.75
C203	85 sks	100/40 Pozmix cement	12.75	1083.75
C206	300"	4% gel	.20	60.00
C108A	3.66	tan mileage bulk TRK	m/c	345.00
C116	1	rental on 1" hydrill, elwaters + wash hood	m/c	150.00
C113	4 hrs	80 Bbl VAC. TRK	85.00	340.00
C224	2500 gals	city water	10.00/1000	25.00
			Subtotal	2942.50
			6.40% Sales Tax	84.40
			<b>Total</b>	<b>3026.90</b>

Authorization witnessed by Gary Red Title Co. Rep.

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



810 E 7TH  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. 1730  
 Foreman Rick Ledford  
 Camp Eureka 1CS

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
9-23-14		Mellor #3	1	24S	3E	Butte	Ks
Customer	Mailing Address	City	State	Zip Code	Safety Meeting	Unit #	Driver
Leon Smitherman Jr.	14331 Tipperary Cir	Wichita	Ks	672230	RL DE JK SL	105	Dave G.
						113	Jacy K.
						144	Shannon F.

Job Type L/S Hole Depth \_\_\_\_\_ Slurry Vol. 25 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1893.90 Hole Size 7 7/8" Slurry Wt. 14" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 5 1/2" 14" Cement Left in Casing \_\_\_\_\_ Water Gal/SK 6.5 Other PLS down @ 5:15pm  
 Displacement 47 1/2 Bbl Displacement PSI 200 Bump Plug to 700 BPM \_\_\_\_\_

Remarks: Safety meeting. Rig up to 5 1/2" casing. Break circulation w/ 10 Bbl fresh water. Pump 100# caustic soda pre-flush w/ 12 Bbl water, 10 Bbl water spacer. Mixed 100 SKS class A cement w/ 2% cacl2 + 2% gel @ 14" / gal. Washout pump + lines, release latch down plug. Displace w/ 47 1/2 Bbl water. Final pump pressure 200 PSI. Bump plug to 200 PSI. release pressure float & plug held. Good circulation @ all times while cementing. Job complete. Rig down.

centralizers on jt 1, 3, 5, 7

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	25	Mileage	3.95	98.75
C200	100 SKS	Class A cement	15.00	1500.00
C205	190"	2% cacl2	.60	114.00
C206	190"	2% gel	.20	38.00
C217	100"	caustic soda pre-flush	1.60	160.00
C108A	4.7	ton mileage built truck	m/c	345.00
C113	5 hrs	80 Bbl vac. tank	85.00	425.00
C224	3,000 gals	city water	10.00/1000	30.00
C421	1	5 1/2" latch down plug	230.00	230.00
C504	4	5 1/2" x 7 7/8" centralizers	48.00	192.00
C681	1	5 1/2" float collar body only	205.00	205.00
C703	1	5 1/2" AFV flopper valve insert	145.00	145.00
			subtotal	4532.75
			Sales Tax	167.30
			<u>6.40%</u>	
			<b>Total</b>	<b>4700.05</b>

Authorization Ray Hood Title \_\_\_\_\_

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