



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232199
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: _____



1232199

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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4520 State Hwy 136, Amarillo, TX 79108-7617 • tel. 806-383-5047 • fax 806-383-1716

Deep Well GroundBed Data:			Date: 11/06/14					
Job Number:	SST02-2014-KS		Drilling Contractor: McLean's CP Installation, Inc					
Company Name:	SOUTHERN STAR		Facility/Line: C55997					
Subject:	DEEP WELL		State: KS					
Well Depth:	200'		County: SHERIDAN					
Diameter:	10"		Other-Driller: MF					
Casing:	20'							
Type of Backfill:	SC2		TEST VOLTS:					
Anode Type:	1 SET OF 14-ANOTECH 2684							
Remarks:	2 WELLS							
Drilling Log			Electrical Log			Anode Log		
			BEFORE BACKFILL			AFTER BACKFILL		
Depth:	Formation Type:	Material:	Volt	Anode Depth	Anode #	Volt	Anode Depth	Anode #
0'	TOP SOIL	CASING						
5'	SAND	CASING						
10'	SAND	CASING						
15'	SAND	CASING						
20'	SAND	CASING/HOLE PLUG						
25'	SANDY CLAY	HOLE PLUG						
30'	SANDY CLAY	HOLE PLUG						
35'	SANDY CLAY	HOLE PLUG						
40'	SANDY CLAY	HOLE PLUG						
45'	SANDY CLAY	HOLE PLUG						
50'	SANDY CLAY	HOLE PLUG						
55'	SANDY CLAY	HOLE PLUG						
60'	SANDY CLAY	HOLE PLUG						
65'	SANDY CLAY	HOLE PLUG						
70'	SANDY CLAY	HOLE PLUG						
75'	SANDY CLAY	HOLE PLUG						
80'	SANDY CLAY	HOLE PLUG						
85'	SANDY CLAY	HOLE PLUG						
90'	SANDY CLAY	HOLE PLUG						
95'	SANDY CLAY	HOLE PLUG						
100'	SANDY CLAY	HOLE PLUG						
105'	SANDY CLAY	HOLE PLUG						
110'	SANDY CLAY	HOLE PLUG						
115'	SANDY CLAY	HOLE PLUG						
120'	SANDY CLAY	HOLE PLUG						
125'	SANDY CLAY	COKE						
130'	SANDY CLAY	COKE						
135'	SANDY CLAY	COKE			7			
140'	SANDY CLAY	COKE						
145'	SANDY CLAY	COKE			6			
150'	SANDY CLAY	COKE						
155'	SANDY CLAY	COKE			5			
160'	SANDY CLAY	COKE						
165'	SANDY CLAY	COKE			4			
170'	SANDY CLAY	COKE						
175'	SANDY CLAY	COKE			3			
180'	SANDY CLAY	COKE						
185'	SANDY CLAY	COKE			2			
190'	SANDY CLAY	COKE						
195'	SANDY CLAY	COKE			1			
200'	SANDY CLAY	COKE						

WELL #: 1

SHERIDAN COUNTY

17.5 in.

9.875 in.

