Confidentiality Requested: Yes No

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

1232804

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 East / 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 #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing:				
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:				
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
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 Total Depth:					
Deepening Re-perf. Conv. to SWD	Duilling Fluid Management Dian				
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
	Chloride content: ppm Fluid volume: bbls				
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
ENHR Permit #:	Location of huid disposar in natied offsite.				
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	1232804		
Operator Name:				Lease Name:		Well #:	
Sec Tw	/pS.	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) Samples Sent to Geological Survey		Yes No		.og Formatio	n (Top), Depth and	d Datum	Sample	
		Yes No	Nam	е	Тор		Datum	
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
CASING RECORD View Used Report all strings set-conductor, surface, intermediate, production, etc.								
Purpose of String	Purpose of String Size Hole Drilled		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		ADDITIONAL	CEMENTING / SQU	JEEZE RECORD				
Purpose: Depth Top Botton		Type of Cement	# Sacks Used	sed Type and Percent Additives				
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydraulic	fracturing treatment of	on this well?		Yes	No (If No, skip	o questions 2 an	d 3)	
		raulic fracturing treatment ex	ceed 350,000 gallons	? 🗌 Yes [, question 3)		

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

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					е		Depth		
TUBING RECORD: Size: Set At:			: Packer At:			Liner Run:				
Date of First, Resumed Production, SWD or ENHR.				Producing Method:			Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLE		_		PRODUCTION INTE	ERVAL:		
(If vented, Submit ACO-18.)		(Submit A			, (,					

Yes

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