



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Confidentiality Requested:  
 Yes  No

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 Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

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: \_\_\_\_\_



1230870

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

<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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Form	ACO1 - Well Completion
Operator	Samuel Gary Jr. & Associates, Inc.
Well Name	11-21-29 H1
Doc ID	1230870

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	6350-6352		6350-6352
6	6176-6178		6176-6178
6	6215-6217		6215-6217
6	6266-6268		6266-6268
6	6000-6002		6000-6002
6	6040-6042		6040-6042
6	6080-6082		6080-6082
6	5795-5797		5795-5797
6	5838-5840		5838-5840
6	5886-5888		5886-5888
6	5578-5580		5579-5580
6	5638-5640		5638-5640
6	5700-5702		5700-5702
6	5380-5382		5380-5382
6	5444-5446		5444-5446
6	5490-5492		5490-5492
6	5190-5192		5190-5192
6	5240-5242		5240-5242
6	5290-5292		5290-5292
6	5000-5002		5000-5002
6	5062-5064		5062-5064
6	5100-5102		5100-5102
6	4836-4838		4836-4838
6	4880-4882		4880-4882

Form	ACO1 - Well Completion
Operator	Samuel Gary Jr. & Associates, Inc.
Well Name	11-21-29 H1
Doc ID	1230870

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6	4920-4922		4920-4922
6	4700-4702		4700-4702
6	4738-4740		4738-4740
6	4780-4782		4780-4782
4	3912-3924	250 GAL 28% MCA W/ 3% MAS	3912-3924



Get CAS #s

Generate XML File

Add/Edit Chemicals

Clear Sheet Contents

Created by Steven Boyd  
Last Revision: 6/12/13

Type of Frac  
Sand Volume (lbs)  
Water Pumped (gal)  
Fracture Start Date/Time:  
Fracture End Date/Time:  
State:  
County:  
API Number:  
Operator Number:  
Well Name:  
Federal Well:  
Longitude:  
Latitude:  
Long/Lat Projection:  
True Vertical Depth (TVD):  
Base Water Volume  
Base Non Water Volume  
Total Mass

Water
768,740
399,588
Kansas
Trego
05-125-12079-0000
NILHAS 11-22-29-H1
No
399588
0.0
115149294.6

Operator Number Lookup

Operator	Operator Number
AUGUSTUS ENERGY PARTNERS	10275

Enter the Chemicals and Quantities Pumped Below!

Chemical Code	Quantity Pumped	Description	Unit
257	722	CL-57	gal
2001	5550	MAV-3	lbs
141	20	BREAKER-503L	qt
202	520	B-2	lbs
322	320	S-3	gal
413	958	WF-3	gal
591	404	MAVLINK B	gal
582	66	MAVCIDE II	lbs
6800	15335000	N2	cscf
145	70	GB-3 (Encap)	lbs
109	2	NE-9	gal
610	15	IC-100	lbs
303	4	MAVHIB-3	gal

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	CUSTOMER	BASE FLUID	WATER	7732-18-5	100.00%	3328568	2.890654%	
FRAC SAND (ALL MESH)	PROPPANT SPECILTIES	PROPPANT	CRYSTALLINE SILICA	14808-60-7	100.00%	768740	0.667603%	
CL-57	EES	LIQUID KCL REPLACEMENT	WATER	773-18-2	34.00%	2087	0.001812%	
			T-MAC	75-57-0	33.00%	2025	0.001759%	
			METHANOL	67-56-1	33.00%	2025	0.001759%	
MAV-3	International Polymerics	FRAC GEL	GUAR GUM	9000-30-0	100.00%	5550	0.004820%	
BREAKER-503L	EES	LIQUID ENZYME BREAKER	SURCOSE	57-50-1	50.00%	27	0.000023%	
			ETHYLENE GYCOL	107-21-1	50.00%	27	0.000023%	
B-2	UNIVAR	BUFFER/ SODA ASH	SODIUM CARBONATE	497-19-8	100.00%	520	0.000452%	
S-3	EES	SURFACTANT	WATER	7732-18-5	92.00%	2402	0.002086%	
			SODIUM CARBONATE	497-19-18	4.00%	104	0.000091%	
			PROTEOLYTIC ENZYME	9014-01-1	0.01%	0	0.000000%	
			LINEAR ALKYL BENZENE SULFONATE	68081-81-2	1.50%	39	0.000034%	
			PRIMARY C14-15 ALCHOHOL SULFATE	68081-98-1	1.00%	26	0.000023%	
			ALCOHOL ETHER SULFATE	68585-34-2	0.50%	13	0.000011%	
			D-LIMONENE	94266-47-4	1.00%	26	0.000023%	
WF-3	EES	FOAMER	METHANOL	67-56-1	50.00%	3909	0.003394%	
			2-BUTOXYETHANOL	111-76-2	50.00%	3909	0.003394%	
MAVLINK B	UNIVAR	BORATE X-LINKER (LOCAL BLEND)	BORATE	10555-76-7	100.00%	3701	0.003214%	
MAVCIDE II	WEATHERFORD	BIOCIDE	2,2-dibromo-3-nitrioprpnionamide	10222-01-2	100.00%	66	0.000057%	
N2	AIR LIQUIDE	N2	N2	7727-37-9	100.00%	111025400	96.418654%	
GB-3 (Encap)	CHEMPLEX	ENCAPSULATED OXIDATIVE BREAKER	POTASSIUM PERSULFATE	7727-21-1	50.00%	35	0.000030%	
			SILICA	14808-60-7	50.00%	35	0.000030%	
NE-9	EES	ANIONIC OIL SOLUBLE NON-EMULSIFIER	LIGHT AROMATIC NAPHTHA, 1,2,4	64742-95-6	17.00%	3	0.000002%	
			TRIMETHYLBENZENE,1,2,3	95-63-6	16.00%	3	0.000002%	
			TRIMETHYLBENZENE,1,2,5	526-73-8	16.00%	3	0.000002%	
			TRIMETHYLBENZENE	108-67-8	16.00%	3	0.000002%	
			XYLENE	1330-20-7	16.00%	3	0.000002%	
			2-ETHYLHEXANOL	104-76-7	16.00%	3	0.000002%	
IC-100	INDUSTRIAL CHEMICAL	IRON CONTROL (SOD. ERYTHORBATE)	SODIUM ERYTHORBATE	6381-77-7	100.00%	15	0.000013%	
MAVHIB-3	EES	ACID INHIBITOR (MODERATE TEMP)	N-DIMETHY FORMAMIDE	68-12-2	0.10%	0	0.000000%	
			ISOPROPYL ALCOHOL	107-21-1	0.10%	0	0.000000%	
			CINNAMALDEHYDE	104-55-2	0.10%	0	0.000000%	
			METHANOL	67-56-1	0.10%	0	0.000000%	

## Summary of Changes

Lease Name and Number: 11-21-29 H1

API/Permit #: 15-195-22865-01-00

Doc ID: 1230870

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/30/2013	11/10/2014
Fracturing Question 1		Yes
Fracturing Question 2		Yes
Fracturing Question 3		Yes
LocationInfoLink	<a href="https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=20&amp;tMARMATON">https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=20&amp;tMARMATON</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=20&amp;tMARMATON, LANSING">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=20&amp;tMARMATON, LANSING</a>
Producing Formation		
Save Link	<a href="https://solar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1165786">../kcc/detail/operatorEditDetail.cfm?docID=1165786</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/operatorEditDetail.cfm?docID=1230870">../kcc/detail/operatorEditDetail.cfm?docID=1230870</a>

## Summary of Attachments

Lease Name and Number: 11-21-29 H1

API: 15-195-22865-01-00

Doc ID: 1230870

Correction Number: 1

Attachment Name

11-21-29-H1 FRACTURING FLUIDS DISCLOSURE



**CONFIDENTIAL**

**WELL COMPLETION FORM**

**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_