

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

1231899

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:			SecTwpS. R East _ West				
Address 2:			F6	eet from North /	South Line of Section		
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□ NE □ NW	V □SE □SW			
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:	W	ell #:		
New Well Re-Entry Workover			Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:			
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
Cathodic Other (Core, Expl., etc.):			Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
ENHR	Permit #:						
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached 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 Approved by: Date:					

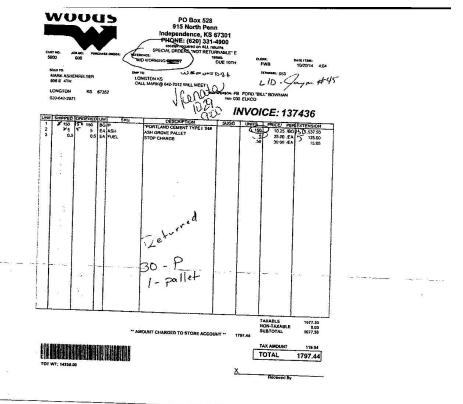
# 1231899

Operator Name:			Lease Name:			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow	ring and shut-in pressu	ormations penetrated. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott			
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					g Formation (Top), Depth and Datum Sample			
Samples Sent to Geological Survey			Nam	Э		Тор	Datum	
Cores Taken         ☐ Yes         ☐ No           Electric Log Run         ☐ Yes         ☐ No								
List All E. Logs Run:								
		0.0000						
		CASING Report all strings set-c	RECORD Ne conductor, surface, inte		ion, 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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Perforate Protect Casing								
Plug Back TD Plug Off Zone								
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	p questions 2 an	d 3)	
	· · · · · · · · · · · · · · · · · · ·	aulic fracturing treatment ex	_			p question 3)	of the ACO 1)	
was the hydraulic fractur	ring treatment information	submitted to the chemical of	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		N RECORD - Bridge Plug potage of Each Interval Perf			cture, Shot, Cement mount and Kind of Ma		d Depth	
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B		Mcf Wate			Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:	, and a second	METHOD OF COMPLE	TION:		PRODUCTIO	N INTERVΔI ·	
Vented Solo						THE THE LIVAL.		
	bmit ACO-18.)	Other (Specify)	(Submit A		mit ACO-4)			

Form	ACO1 - Well Completion			
Operator	K & A Oil, a General Partnership			
Well Name	Turnback 1			
Doc ID	1231899			

## Casing

Purpose Of String		Size Casing Set			Type Of Cement		Type and Percent Additives
0	0	0	0	0	0	0	0



150 sacks - La8 Tymber