Confidentiality Requested: Yes No

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

1233551

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:
GG GSW Temp. Abd.	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 ENHR Conv. to SWD	Deilling Floid Management Dies
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 #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or	
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	1233551
Operator Name:	Lease Name:	Well #:
Sec TwpS. R	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 She	aets)	Yes No	L	og Formatio	n (Top), Depth and	d Datum	Sample
Samples Sent to Geolog		Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment	on this well?		Yes	No (If No, skip	questions 2 an	d 3)
	0	Iraulic fracturing treatment ex	ceed 350,000 gallons'			question 3)	/
		n submitted to the chemical of		Yes		out Page Three of	of the ACO-1)

Shots Per Foot PERFORAT Specify	ON RECO Footage of	RD - Bridge Plugs Set/Typ Each Interval Perforated	e		cture, Shot, Cement S nount and Kind of Mater		Depth
TUBING RECORD: Size:	Set At	: Packe	r At:	Liner Run:	Yes No		
Date of First, Resumed Production, SWD or Et	HR.	Producing Method:	ping	Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Oil Per 24 Hours	Bbls.	Gas Mcf	Wat	er Bb	ols. Ga	s-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD				PRODUCTION INTER	
Vented Sold Used on Lease		Open Hole Perf.	Dually	Comp. Com	nmingled	FRODUCTION INTER	VAL.
(If vented, Submit ACO-18.)		Other (Specify)	(Submit)	, ,	nit ACO-4)		

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

Image: register of the second seco	Liner	Prof. String	Casing Record		Dun Nimber Bit	Witnessed By	Recorded by	Dopprofed Div		Farmant Number	Time Well Ready	Time Mell Dender	Estimated Cement Ton	Density / viscosity	Type Fluid	Upen Hole Size	Pop Log Interval	Bottom Logged Interval	Deptin Logger		Denth Driller	Rin Nimher	Date	We Fie Co Sta	ld unty ite	1	D S ⁱ N	EC CH ES	TANC HANT ABEN S SAS				COF	RPC	DR	ATI	101	N			VVII EIII IE SE				
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