

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1233956

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

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: _____



1233956

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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ENTERPRISE PRODUCTS PARTNERS, LP

L-411.32

Native Fill (0'-3')

10" Casing (0-20')

☐ Cement
(13'-205')

12 EnvirAnode
12' Centers

☐ Conducrete
Anode Backfill
(210'-290')

Grade	Drill Log	Native	Before Backfill	After Backfill	EnvirAnode
10'	Soil/Clay				
20'	Clay w/sand & caliche				
30'	Clay w/sand & caliche	1.6a			
40'	Clay w/sand & caliche	1.8a			
50'	Clay w/sand & caliche	1.7a			
60'	Clay w/sand & caliche	1.7a			
70'	Clay w/sand & caliche	1.8a			
80'	Clay w/sand & caliche	1.6a			
90'	Clay w/sand & caliche	1.6a			
100'	Clay w/sand & caliche	1.9a			
110'	Clay w/sand & caliche	1.4a			
120'	Clay w/sand & caliche	1.2a			
130'	Clay w/sand & caliche	1.1a			
140'	Clay w/sand & caliche	1.4a			
150'	Clay w/sand & caliche	2.0a			
160'	Clay w/sand & caliche	1.7a			
170'	Clay w/sand & caliche	1.9a			
180'	Sand w/clay & caliche	1.4a			
190'	Sand w/clay & caliche	0.7a	1.3a	2.3a	12
200'	Sand w/clay & caliche	0.6a	1.1a	1.8a	11
210'	Sand w/clay & caliche	0.6a	1.6a	2.2a	10
220'	Sand w/clay & caliche	1.0a	1.7a	3.1a	9
230'	Sand w/clay & caliche	1.2a	1.9a	3.1a	8
240'	Sand w/clay & caliche	1.5a	1.1a	2.3a	7
250'	Shale, red	1.6a	0.6a	2.3a	6
260'	Shale, red	2.3a	0.8a	2.3a	5
270'	Shale, red	2.4a	1.2a	2.4a	4
280'	Shale, red	2.4a	1.5a	2.5a	3
290'	Shale, red		2.3a	3.6a	2
300'	Shale, red		2.4a	3.5a	1

10"

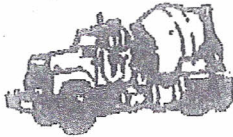
Test Voltage: 12.42v

CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG



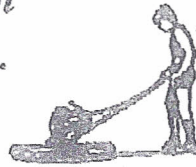
Installed by:
Pipeline Integrity Resources, Inc.
P.O. Box 6916
Longview, TX 75608
(903) 663-9393 fax (903)-663-9390

Installed for: Enterprise Products Partners, L.P.
Date: 7/14/12
System: Enterprise TX Pipeline LP / SM102 Segment 219A
Location: C-425
Technician: T. Chipman



**Eslinger Construction
and Ready Mix, Inc.**

1321 90th Ave.
Kinsley, Kansas 67547
620-659-2371 800-281-2371



#411.32

Date 10-4-14

Sold To <u>PIR</u>		ID Number
Deliver To		Tax Number
Mailing Address		P.O. #
Truck No.	Driver	

QUANTITY	MATERIAL	CODE NUMBER	PRICE	AMOUNT
	<input type="checkbox"/> C.C. <input type="checkbox"/> H.E. <input type="checkbox"/> H.W.			
	SLURRY	3.5 YARDS		
Time	on site			
Time	off site			
	DELIVERY CHARGE			

EXTRA WATER ADDED NONE GALLONS
30 MIN. FREE UNLOADING TIME
WAITING AND/OR UNLOADING TIME _____

**No Credit for
Returned Concrete**

WAITING AND/OR
UNLOADING TIME

SUB-TOTAL

SALES TAX

TOTAL ►

"CAUTION" SKIN AREAS THAT COME IN CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR BURNS. IF ANY PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND GET PROMPT MEDICAL ATTENTION.

UNLOADING

DRIVERS ARE PROHIBITED FROM DELIVERING CONCRETE EXCEPT UNDER THE TRUCK'S OWN POWER, AND WHERE SITE CONDITIONS PERMIT THE SAFE AND PROPER OPERATION OF HIS EQUIPMENT. DRIVERS ARE NOT PERMITTED TO ADD WATER TO THE MIX TO EXCEED THE MAXIMUM SLUMP NOR TO GO BEYOND THE CURB LINE. EXCEPT UPON THE AUTHORIZATION OF THE CUSTOMER AND HIS ACCEPTANCE OF RISK FOR ANY LOSS OR DAMAGE. CLAIMS FOR SHORTAGES WILL NOT BE ALLOWED UNLESS MADE AT TIME OF DELIVERY. STANDING TIME IN EXCESS OF 30 MINUTES CHARGED AT PREVAILING RATE.

(TERMS: 1.5% PER MONTH OR 18% ANNUM NET 10TH PROX.)

White: Office
Yellow: Statement
Pink: Customer
Gold: Batch

BY: David W. [Signature]
CUSTOMER SIGNATURE

KEEP OUT OF REACH OF CHILDREN