





1235153

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](mailto: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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**Well Completion** I-26

Type:  Tubing & Packer  Packerless  Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size		7"		4½"	
Setting Depth		22 Feet		195'	
Amount of Cement		5 Sacks		35 Sacks	
Top of Cement		To the Top		To the Top	
Bottom of Cement		22 Feet		195 Feet	

If Alternate II cementing, complete the following:

Perforations / D.V. Tool at Sand Ject feet, cemented to 195 Feet feet with 35 Sacks sx.

Tubing: Type \_\_\_\_\_ Grade \_\_\_\_\_

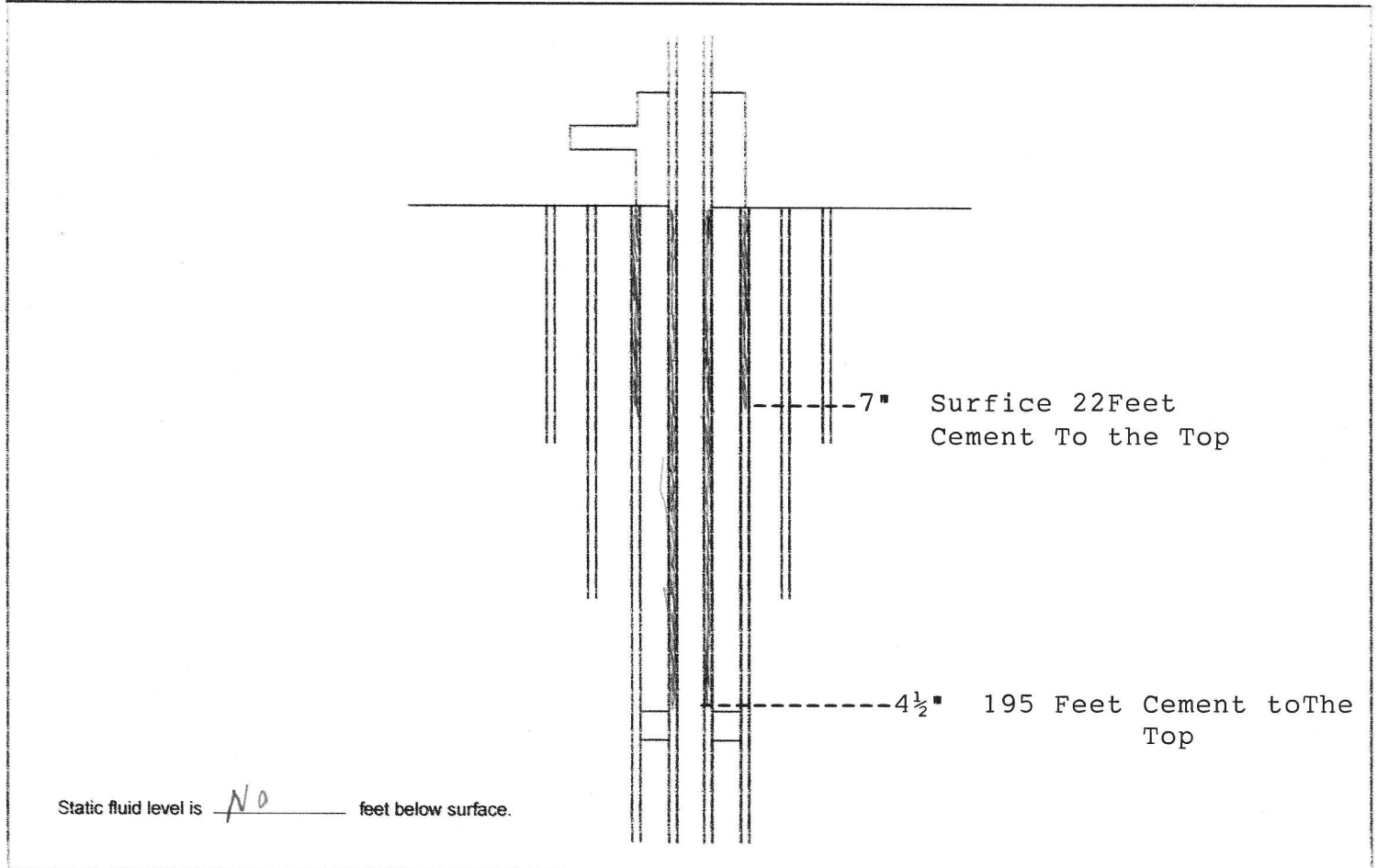
Packer: Type No Packer Depth \_\_\_\_\_

Annulus Corrosion Inhibitor: Type \_\_\_\_\_ Concentration \_\_\_\_\_

List Logs Enclosed: Drill Log

**Well Sketch**

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)



## Summary of Changes

Lease Name and Number: Person I-26

API/Permit #: 15-107-25032-00-00

Doc ID: 1235153

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	09/03/2014	12/15/2014
CasingNumbSacksUse dPDF_1	10	5
CasingSettingDepthPD F_1	22.30	22
CasingTypeOfCementP DF_1	no one	one
Perf_Record_2	176' to 182'	176' to 186'
Perf_Record_3	3 hole per foot 6'	
Perf_Record_4	183' to 186'	
Save Link	../../kcc/detail/operatorE ditDetail.cfm?docID=12 18333	../../kcc/detail/operatorE ditDetail.cfm?docID=12 35153
TopsDepth1	176	

## Summary of Attachments

Lease Name and Number: Person I-26

API: 15-107-25032-00-00

Doc ID: 1235153

Correction Number: 1

Attachment Name

Well Sketch