

Confidentiality Requested:

Yes No

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

1238156

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:			Sec	Twp S. R	East _ West
Address 2:			Fe	eet from	South Line of Section
City:	State: Z	ip:+	Fe	eet from East / V	West Line of Section
Contact Person:			Footages Calculated from N	Nearest Outside Section Co	orner:
Phone: ()			□ NE □ NW	/ □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:	We	ell #:
	e-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 De	epth:
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet
☐ Cathodic ☐ Other (Co	ore, Expl., etc.):		Multiple Stage Cementing (	Collar Used? Yes	No
If Workover/Re-entry: Old Well I			If yes, show depth set:		Feet
Operator:			If Alternate II completion, ce	ement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:					
Deepening Re-perf	•	ENHR Conv. to SWD	Drilling Fluid Managemen	nt Dian	
☐ Plug Back	Conv. to G		(Data must be collected from the		
Commingled	Pormit #:		Chloride content:	ppm Fluid volume:	bbls
Dual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
☐ ENHR					
GSW	Permit #:		Operator Name:		
_ <del>_</del>			Lease Name:	License #:	
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 III Approved by: Date:										

Page Two



Operator Name:				Lease N	Name: _			_ Well #:				
Sec Twp	S. R	East	West	County	:							
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas t	ving and shut-in presso o surface test, along	sures, whe with final c	ther shut-in pre chart(s). Attach	essure reac extra shee	hed stati t if more	c level, hydrosta space is needed	tic pressures, bo d.	ttom hole tempe	erature, fl	luid recovery,		
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-id	ogs@kcc.ks.go	v. Digitai	electronic log		
Drill Stem Tests Taker (Attach Additional		Ye	es No			_	on (Top), Depth a			Sample		
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	L	Datum		
Cores Taken Electric Log Run			es No									
List All E. Logs Run:												
			CASING	RECORD	│	ew Used						
		Repo	ort all strings set-c	conductor, su	rface, inte	ermediate, producti	ion, etc.					
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives		
			ADDITIONAL	CENTENTIN	10 / 001	IFFZF DECODD						
Purpose:	Depth	Tuno		# Sacks		JEEZE RECORD	Tune and	Paraant Additivaa				
Perforate	Top Bottom	туре	Type of Cement # Sacks			S Used Type and Percent Additives						
Protect Casing Plug Back TD												
Plug Off Zone												
Did you perform a hydra	ulic fracturing treatment	on this well'	?			Yes	No (If No, sk	kip questions 2 ar	nd 3)			
Does the volume of the t			_		-			kip question 3)				
Was the hydraulic fractu	ring treatment information	on submitted	I to the chemical of	disclosure re	gistry?	Yes	No (If No, fil	l out Page Three	of the ACC	)-1)		
Shots Per Foot			RD - Bridge Plug: Each Interval Perf				cture, Shot, Cemen		d	Depth		
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:	Yes No	)				
Date of First, Resumed	Production, SWD or EN	NHR.	Producing Meth	nod:								
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio		Gravity		
DISPOSITI	ON OF GAS:		N	METHOD OF	COMPLE	ETION:		PRODUCTIO	ON INTER	√AL:		
Vented Solo			Open Hole	Perf.	Dually	Comp. Cor	nmingled					
(If vented, Su	bmit ACO-18.)		Other (Specify)		(Submit )	100-0) (SUD	mit ACO-4)					

Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	Jean 2
Doc ID	1238156

### Tops

Name	Тор	Datum
Lansing	3863	-2226
Stark	4237	-2600
Base KC	4328	-2691
Mississippian	4408	-2771
Kinderhook	4584	-2947
Viola	4687	-3050
Simpson Shale	4794	-3157
Simpson Sand	4819	-3182



10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

# 1718 **11266** A

JOB V	5 2014 DIS	STRICT PISTA	16 - 3.	Say.	NEW Z	VELL P	ROD INJ	□ WDW [	□ CL OF	JSTOMER RDER NO.:		
		Managen			LEASE Jesn WELL NO. 2							
ADDRESS	2111111	1171143619	( )	COUNTY BSIDE STATE KS								
									- HO. O.			
CITY		STATE		and the state of	SERVICE CR	EW D	12(10)	Frasi,	, 12	esche,		
AUTHORIZED B	TO SELECTION A RESIDENCE				JOB TYPE:	CN	w-	SURFA	<u>c</u>			
EQUIPMENT		EQUIPMENT#	HRS	EQU	IPMENT#	HRS	TRUCK CALL	ED /	DATE	EM 5"	JC.	
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19885	)/2				ev fra san W		START OPE	RATION /	0-	5 PAP 1:0	20	
70955	1/2						FINISH OPE	RATION /C	5	PM	0	
15518	11/2				No. 20 and to the	Tal Marie Mark	RELEASED	Ic	5	The second secon	120	
17778					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	9 4	MILES FROM	STATION TO V	WELL		in t	
ITEM/PRICE REF. NO.	MA	TERIAL, EQUIPMENT	AND SERVI	CES US	ED	UNIT	(WELL OWN)	UNIT PRICE		RACTOR OR A		
CP 100C	77	Cement	711112 021111	7.5.		SK	180			2,880	00	
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CC109 -	100	Chlorise	No.	8 V	I TOWNS TO SERVICE STATE OF THE SERVICE STATE OF TH	Lb	340		1 1	357	00	
		Cement Plu	15.85	18		Es			72.9	160	00	
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THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO.

SERVICE

REPRESENTATIVE

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



## TREATMENT REPORT

Customer Griffin Manageners					L	Lease No.							Date																																																								
Lease Je	Sn	0 - 1 - 0	7.2.1		V	Well #						10-5-2014																																																									
Field Order #	Station	Pr	19x1,115			19 H 115			GHT, We		168 H. 115			19x4, 115			1911,115			19x4, 115			19 x 1, 1/5			168 H. 115			16x1,110			168 H. 116			19 HA 115			1911,115			19+1,115			19+1,115			1911,115			19+1,115			1911,115			19+1, 115					Casing 8	Sy	Depth	270	County	Barba	-	State	
Type Job	NW					954			For	mation	10-3	275	Legal D	escription	16-32-	12																																																					
PIPE	DATA	P	ERF	ORA	ΓING	NG DATA FLUID U			JSED TRE				REATMENT	EATMENT RESUME																																																							
Casing Size	Tubing Siz	e Sh	nots/Ft				Acic					RATE	PRESS	ISIP	ISIP																																																						
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Well Connection	Annulus V	ol. Fr	om		То	То					HHP Used			Annulus	Pressure																																																						
Plug Depth	Packer De	pth Fr	om	18	То		Flus	h			Gas Volur	me		Total Load																																																							
Customer Repr	esentative					Station	Mana	iger Ke	117	60	1211/	Treate	or $Ds_{r}$	n Fr	Shick	6																																																					
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