Confidentiality Requested: Yes No

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

1238187

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 Dorth / 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:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
□ Gas □ DaA □ ENHA □ SIGW □ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	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	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(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 #:	Location of huid disposal if hadied offshe.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached 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	1238187
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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)		Yes No		-	on (Top), Depth ar		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
			RECORD Ne				
Report all strings set-conductor, surf				rmediate, product	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: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives	
Protect Casing							

ou perform a hydraulic	fracturing treatment	on this well?	☐ Yes	No	(If No, skip questions 2 and 3)	
Protect Casing Plug Back TD Plug Off Zone						
Perforate						

Yes

Yes

No

No

-	•		•	
Does tl	he volume	of the total	base fluid of the	e hydraulic fracturing treatment exceed 350,000 gallons?
Was th	e hydraulio	fracturing	treatment inform	nation submitted to the chemical disclosure registry?

(onap	9400010110 2	
(If No,	skip	question 3)	

(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						Depth			
TUBING RECORD: Size: Set At				: Packer At: Liner Run:			No			
Date of First, Resumed Production, SWD or ENHR.				Producing M	lethod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	s.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:			METHOD OF COMPLETION:			PRODUCTION INTERVAL:				
				Dpen Hole Dther <i>(Specify)</i>	Perf.	Uually (Submit)	,	Commingled (Submit ACO-4)		

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

Coleman -ardware LLC 505 MAIN BOX 326 MOUND CITY KS. 66056 Ph: 913-795-2895 4/28/2014 17:58:55 Invoice No.: 221679 Code: 001020 Name: DALE JACKSON Address: PO BOX 266 MOUND CITY, KS 66056 Cashier: Administrator Register Name: REG2 Order No:OIL 92.6 LB. ASH GROVE PORTLANC CEMENT MD EA 245 @ \$9.05 /EA \$2,217.25 CONCRETE PALLETS MD EA 70 \$1.00 /EA \$7.00 SHRINK WEAP PER PALLET MD EA 7 0 \$5.00 /EA \$35.00 Freight FRT DP 10 \$25.01 /DP \$25.01 ************** Sub Total: \$2,284.26 Sales Tax: \$163.32 Total: \$2,447.58 DALE Signec:

ph 913-795-2895 thanks for scopping with us

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Coleman Hardware LLC 505 MAIN BOX 326 MOUND CITY KS. 66056 Ph: 913-795-2895 1/18/2014 12:01:38 Invoice No.: 215009 Code: 001020 Name: DALE JACKSON Address: PO BOX 266 66056 MOUND CITY, KS Cashier: Administrator Register Name: REG2 Order No:OIL مديسينية المراجع ممريجة محصوفاتين 92.6 LB. ASH GROVE PORTLAND CEMENT EA MD 490 @ \$9.05 /EA \$4,434.50 CEMENT PALLETS MD EA \$210.00 14 0 \$15.00 /EA SHRINK WRAP PER PALLET EA MD \$5.00 /EA \$70.00 14 🛛 Freight DP FRT \$49.24 \$49.24 /DP 10 -----Sub Total: \$4,763.74 Sales Tax: \$340.61 Total: \$5,104.35 Signed:

Coleman Hardware LLC

505 MAIN BOX 326 MOUND CITY KS. 66056

Receipt For Payment Of Account: 001020

1/18/2014 12:02:24 Cashier: Administrator Register Name: REG2

Received with thanks from: DALE JACKSON Reference: 96020

Amount: \$5,104.35

Signed:

Outstanding Balance: \$553.06

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