

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1238482

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:		
_ _			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 Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
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 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **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 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

GLOBAL CEMENTING, L.L.C.

REMIT TO

18048 170RD

RUSSELL, KS 67665

SERVICE POINT:

6	SEC.	TWP.	RANGE	CAI	LED OUT	ON LOCATION	JOB START	JOB FINISH
DATE 9-20-14 Echa	15	085	18W				COUNTY	STATE
LEASE Gisela	WELL#.	72	LOCATION		Translation (PRA)	CONTRACTOR OF THE CONTRACTOR	Kooks	CC
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CONTRACTOR 54 TYPE OF JOB	eilds 1-	rilling	Jug "		OWNER			
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SIGNATURE	Jeons	L Dec	Ker					
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REMIT TO

18048 170RD RUSSELL, KS 67665 set pipe

SERVICE POINT:

Russella

DATE 9-23-14 SEC. TWP. RANGE CA	LLED OUT ON LOCATION	1:00am	JOB FINISH 2:00am
LEASE Eclar WELL#. 2 LOCATION	A LODGE HORE, ST BARA TO	COUNTY	STATE
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TUBING SIZE DEPTH	2% 6		0
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CITY STATE ZIP	PLUG & FI	OAT EQUIPMEN	NT
Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and	PLUG & FI	OAT EQUIPMEN	NT
Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to	PLUG & FI 51/2 AFU Shoe J-51/2 basket 7-51/2 LDJ Plug	OAT EQUIPMEN	NT
Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction	PLUG & FI 5//2 AFU Shoe 1-5//2 basket- 1-5//2 LDJ flug 250 gal Mul flus	OAT EQUIPMEN	NT
Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and	PLUG & FI 5//2 AFU Shoe 1-5//2 basket 1-5//2 LDD flug 250 gal Mul flus	OAT EQUIPMEN	NT
Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS"	PLUG & FI 5//2 AFU Shoe 1-5//2 hasket 1-5//2 LDD flug 250 gal Mul flug	@	NT
Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and	PLUG & FI 5//2 AFU Shoe 1-5//2 hasket 7-5//2 LD & flug 250 gal Mult flus	OAT EQUIPMEN	NT
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Global Cementing, L.L.C., You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side. PRINTED NAME	5/12 AFU Shoe J-5/12 basket J-5/12 LDD flug J50 gal Mul flus	@	NT
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GLOBAL CEMENTING, L.L.C.

REMIT TO

18048 170RD

RUSSELL, KS 67665

Pluggen SERVICE POINT: RUSSELL CH

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