Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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:				st West			
Address 2:			Feet from North / South Line	of Section			
City: Sta	ate: Zi _l	p:+	Feet from _ East / _ West Line	of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
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: New Well Re-Entry Workover			Lease Name: Well #:				
			Field Name:				
	_		Producing Formation: Kelly Bushing:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW					
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Set and Cemented at:	Feet			
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			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:			<u> </u>				
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
O constituents at	D		Chloride content:ppm Fluid volume:	bbls			
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of hald disposal if fladied offsite.				
GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st 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

Confidentiality Requested:

Yes No

KCC Office Use ONLY				
Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				

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.								
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-log	gs@kcc.ks.gov	. Digital electronic log	
Drill Stem Tests Taken (Attach Additional S		Yes No			n (Top), Depth an		Sample	
Samples Sent to Geol	ogical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	w Used				
		Report all strings set-o			on, 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 / SQL	EEZE RECORD	I	1		
Purpose: Depth Type of Cement # Sacks Used			Type and Percent Additives					
Perforate Top Bottom Protect Casing Plug Back TD								
Plug Off Zone								
Does the volume of the to	•	n this well? aulic fracturing treatment ex submitted to the chemical o		Yes Yes Yes	No (If No, ski)	o questions 2 and properties of question 3) out Page Three		
Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type			Acid, Fracture, Shot, Cement Squeeze Record					
0.100 1 0.1 001	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth				
	0:							
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 C	other (Explain)				
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er Bl	bls. G	ias-Oil Ratio	Gravity	
		· .	4FTUOD OF 65335	TION		DD OD / 127	AN INTERVAL	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled								
(If vented, Sub		Other (Specify)	(Submit A		mit ACO-4)			

Summary of Changes

Lease Name and Number: Bischoping OWWO 1

API/Permit #: 15-153-20643-00-01

Doc ID: 1240994

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/05/2015	01/30/2015
Date of First or Resumed Production or		1/10/2015
SWD or Enhr Method Of Completion - Other	Yes	No
Method Of Completion - Other Detail	TA	
Producing Method Pumping	No	Yes
Production - Barrels Oil		33
Production - Barrels of Water		0
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 23950	//kcc/detail/operatorE ditDetail.cfm?docID=12 40994