

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1242836

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:		SecTwpS. R East West				
Address 2:		Feet from North / South Line of Section				
City: State:	Zip:+	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.xxxxxx) (e.gxxx.xxxxxxx)				
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	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ ENHF☐ OG ☐ GSW	SIGW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	remp. 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 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: Origina		social apparties.				
	DENHR Conv. to SWD					
☐ Plug Back ☐ Conv. to		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:		Chloride content:ppm Fluid volume: bbls				
Dual Completion Permit #:		Dewatering method used:				
SWD Permit #:		Location of fluid disposal if hauled offsite:				
☐ ENHR Permit #: _		·				
GSW Permit #:		Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached TD	Completion Date or	Quarter Sec. Twp. S. R. East West				
Recompletion Date	Recompletion Date	Countv: 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						

Page Two



Operator Name: Lease Name:				Well #:					
Sec Twp	S. R	East We	est C	County:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres	sures, whether sh	ut-in pressur	e reached stati	c level, hydrosta	tic pressures, bott		rval tested, time tool erature, fluid recovery,	
Final Radioactivity Lo files must be submitted					ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			No	Log Formation (Top), Depth and Datum			Sample		
Samples Sent to Geological Survey			No	Nam	e		Тор	Datum	
		No No							
List All E. Logs Run:									
		(CASING REC	ORD Ne	ew Used				
		· ·		ıctor, surface, inte	ermediate, producti	1		I	
Purpose of String	Size Hole Drilled	Size Casin Set (In O.D		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
		ADD	ITIONAL CEN	MENTING / SQL	JEEZE RECORD				
Purpose: Depth Type of Cement # Sacks			Sacks Used	Type and Percent Additives					
Perforate Protect Casing	Perforate								
Plug Back TD Plug Off Zone									
1 lag on zono									
Did you perform a hydrau	ulic fracturing treatment	on this well?			Yes	No (If No, ski	o questions 2 ar	nd 3)	
Does the volume of the to		•				_ ` ` '	p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the c	hemical disclo	sure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot PERFORATION RECORD - Bridge Plug Specify Footage of Each Interval Pe					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth				
oponly i solage of East into ital i should									
TUBING RECORD:	Size:	Set At:	Pa	acker At:	Liner Run:				
						Yes No			
Date of First, Resumed	Production, SWD or Ef		cing Method: owing	Pumping	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. G	as Mcf	Wate	er Bi	ols. G	as-Oil Ratio	Gravity	
DIODOCITI	ON OF CAS:		N 4 - T - 1		TION:		PROPUSTIC	ON INTERVAL.	
Vented Solo	ON OF GAS: Used on Lease	Open Ho		IOD OF COMPLE \Box		nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)	Other (S	necify)	(Submit		mit ACO-4)			

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CEMENTER OR TREATER