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:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City:	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) Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:					
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:				
☐ 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? 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: 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)				
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	QuarterSecTwpS. 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

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. 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 Taker (Attach Additional		Yes No	_ L	og Formatic	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Name	е		Тор	Datum
Cores Taken Electric Log Run		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
Purpose:	Depth		CEMENTING / SQU	EEZE RECORD			
Perforate Protect Casing Plug Back TD	Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Plug Off Zone							
Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip question 2) (If No, skip question 3) (If No, skip question 3)							
Shots Per Foot	s Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth			
	Spoony 1 o	orage or East mortal to the	Oracou	(2.11	nount and tand of ma	onal Goody	Бори
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		'
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wate	er Bl	bls. G	as-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:	N.	METHOD OF COMPLE	TION:		PRODUCTIO	N INTERVAL:
✓ Vented Sold Used on Lease ✓ Open Hole Perf. ✓ Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)							
(If vented, Su	bmit ACO-18.)	Other (Specify)					

Summary of Changes

Lease Name and Number: Jensen SWD -1

API/Permit #: 15-059-26806-00-00

Doc ID: 1244738

Correction Number: 3

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value	
Approved Date	10/24/2014	03/04/2015	
CasingPurposeOfString PDF_2	Completion	Production	
CasingSizeCasingSetP DF_1	7	8.6250	
CasingSizeCasingSetP DF_2	2.8750	4.5000	
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12	
TopsDatum1	29303	44738 GL	
TopsDepth1		20	