



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1247342  
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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx)      (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

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: \_\_\_\_\_



1247342

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 Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(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	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 1/17/2015 District G.B. F.O. No. C40901  
 Company Mike Kelso Oil  
 Well Name & No. Wicke #3  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Rawlins State KS

Type Treatment: \_\_\_\_\_ Amt. \_\_\_\_\_ Type Fluid \_\_\_\_\_ Sand Size \_\_\_\_\_ Pounds of Sand \_\_\_\_\_  
 Bkdown \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_  
 Flush \_\_\_\_\_ Bbl./Gal. \_\_\_\_\_

Casing: Size 5.5" Type & Wt. Used Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_  
 Liner: Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.  
 Cemented:  Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.  
 Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ ft.  
 Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Treated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. 0

Actual Volume of Oil / Water to Load Hole: \_\_\_\_\_ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 327 360-310  
 Personnel Nathan Greg Joe Scott Brandon  
 Auxiliary Tools \_\_\_\_\_

Open Hole Size 7 7/8" T.D. 4200' ft. P.B. to \_\_\_\_\_ ft.

Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Mike Kelso Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:00		5.5"		On Location. Rig laying down collars. Tally casing and run float equipment.
				Hole-4200' RTD 3192' LTD Pipe-4200'
				Centralizers- 4159' 4077' 3996' 3874' 3772' 2814' 2732'
				Baskets-3874' 2854' 2236'
				Baffle-4159'
				DV Tool-2774'
4:30				Run in hole with casing. Break circulation with mud pump. Circulate for 45 minutes.
5:15				Pump 600gal of Mud-Flush at 6bpm-200#
				Mix 175sks 60/40poz 2%gel 12%salt .75%C37 .75%C47a 5#/sk Gilsonite.
				Displace with 98.9bbbls at 6.5bpm-900#
				Plug landed at 1500# Released pressure. Float held.
6:00				Drop opening tool for DV Tool. Pressure up to 1400# to open DV Tool and break circulation with pump truck. Hook up to mud pump and circulate for 1 hour.
				Plug Rat Hole with 30sks 65/35poz 6%gel.
				Mix 450sks 65/35poz 6%gel.
8:00				Displace with 66bbbls at 6bpm-700# Circulated cement to surface.
				Thank You! Nathan W.





**TRILOBITE  
TESTING, INC**

## DRILL STEM TEST REPORT

Mike Kelso Oil, Inc.

17-1S-32W - Rawlins, KS

PO BOX 467  
Chase, KS 67524

Wicks #3

Job Ticket: 61117

DST#:1

ATTN: Jerry Green

Test Start: 2015.01.15 @ 11:50:00

### GENERAL INFORMATION:

Formation: LKC "B"

Deviated: No Whipstock ft (KB)

Time Tool Opened: 15:04:30

Time Test Ended: 20:39:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Kevin Mack

Unit No: 82

Interval: 3909.00 ft (KB) To 3965.00 ft (KB) (TVD)

Total Depth: 3965.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 2972.00 ft (KB)

2965.00 ft (CF)

KB to GR/CF: 7.00 ft

Serial #: 8874

Inside

Press@RunDepth: 17.80 psig @ 3910.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2015.01.15

End Date: 2015.01.15

Last Calib.: 2015.01.15

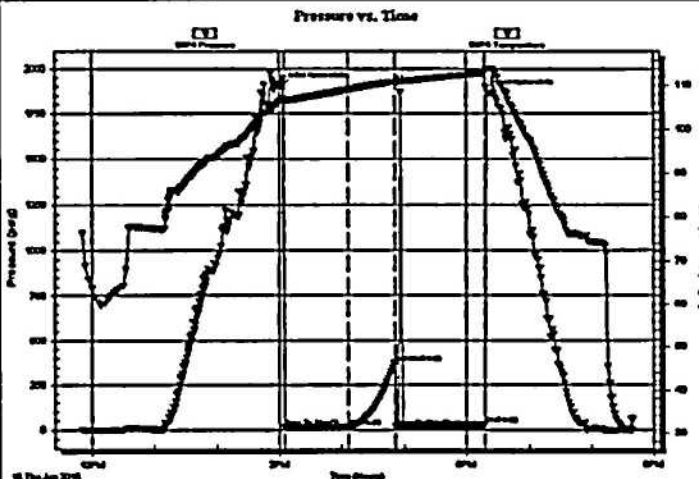
Start Time: 11:50:00

End Time: 20:39:00

Time On Btm: 2015.01.15 @ 15:03:00

Time Off Btm: 2015.01.15 @ 18:21:30

**TEST COMMENT:** 60 - F- 1/8" Blow built to 3/4", then died back to 1/4"  
45 - IS- No Return  
80 - FF- No Blow - Flushed tool at 5 min. - Weak Surface Blow  
0 - FS- Pulled tool at end of FF.



### PRESSURE SUMMARY

Time (Mn.)	Pressure (psig)	Temp (deg F)	Annotation
0	1904.17	106.69	Initial Hydro-static
2	13.37	106.21	Open To Flow (1)
64	17.80	109.11	Shut-in(1)
108	371.98	111.00	End Shut-in(1)
109	17.30	110.82	Open To Flow (2)
195	29.18	113.05	Shut-in(2)
199	1862.48	113.98	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
30.00	VSOCM5o 95M	0.15

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

