

Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1249735

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

Address 2:	OPERATOR: License #	API No. 15
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from Dorth / South Line of Section
Phone:	City: State: Zip:+	Feet from East / West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	
Name:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellsite Geologist:	Name:	
Purchaser:	Wellsite Geologist:	
Designate Type of Completion:	Purchaser:	County:
New Well Re-Entry Workover Oil WSW SWD SIOW Gas D8A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. 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: Fe Operator:	Designate Type of Completion:	Lease Name: Well #:
Producing Formation: Oil WSW Gas D&A Coli Gas OG GSW CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Multiple Stage Cementing Collar Used? Yes Vell Name: Original Total Depth: Original Comp. Date: Original Total Depth: feet depth to: Well Name: Original Total Depth: W Diag Deepening Re-perf. Conv. to ENHR Plug Back Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pil) Chloride content: ppm Fluid volume: b Dual Completion Permit #: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. TwpS. R East_W	New Well Re-Entry Workover	Field Name:
Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Temp. Abd. Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes Yes No If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Original Comp. Date: Original Total Depth: Plug Back Conv. to ENHR Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: Chloride content: ppm Fluid volume: Diate Reached TD Completion Date or		Producing Formation:
OG GSW Temp. Abd. CM (Coal Bed Methane) Total Vertical Depth: Plug Back Total Depth: CAthodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Multiple Stage Cementing Collar Used? Yes Operator:		Elevation: Ground: Kelly Bushing:
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): Cathodic Other (Core, Expl., etc.): Amount of Surface Pipe Set and Cemented at: Fe Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fe If Alternate II completion, cement circulated from: feet depth to: w/ sx c Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: b Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Lease Name: License #: QuarterSec. TwpS. R. License #: QuarterSec. TwpS. R. Least _W		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: If Alternate II completion, cement circulated from: Well Name: Original Comp. Date: Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Commingled Permit #: Dual Completion Permit #: SWD Permit #: Operator of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Spud Date or		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: If yes, show depth set:		Multiple Stage Cementing Collar Used? Yes No
Operator:		If yes, show depth set: Feet
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 #: Chloride content: ppm Dual Completion Permit #: Dewatering method used: Dewatering method used: Dewatering method used: SWD Permit #: Coation of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: GSW Permit #: Completion Date or Completion Date or Deventer Sec. TwpS. R East		If Alternate II completion, cement circulated from:
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer Drilling Fluid Management Plan Dual Completion Permit #: Chloride content: ppm SWD Permit #: Dewatering method used: Dewatering method used: Dewatering method used: GSW Permit #: Operator Name: License #: Dease Name: License #: Spud Date or Date Reached TD Completion Date or Completion Date or Swn	Well Name:	feet depth to:w/sx cmt.
Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:		
Plug Back Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East	Plug Back Conv. to GSW Conv. to Producer	
Dual Completion Permit #: SWD Permit #: ENHR Permit #: GSW Permit #: Operator Name: Lease Name: Lease Name: License #: Quarter Sec TwpS. R East		Chloride content: ppm Fluid volume: bbls
SWD Permit #: Location of fluid disposal if hauled offsite: ENHR Permit #: Operator Name: GSW Permit #: Lease Name: Spud Date or Date Reached TD Completion Date or		Dewatering method used:
ENHR Permit #: Operator Name: GSW Permit #: Lease Name:		Location of fluid disposal if hauled offsite:
GSW Permit #: Operator Name:		
Spud Date or Date Reached TD Completion Date or Lease Name: License #: Quarter Sec TwpS. R EastW		Operator Name:
Spud Date or Date Reached TD Completion Date or		Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
	- Free sector se	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 Approved by: Date:

	Page Two	1249735 Well #:				
Operator Name:	Lease Name:	Well #:				
Sec TwpS. R East _ West	County:					
INCTRUCTIONS, Chow important tang of formations populated	Dotail all cores Report all final	copies of drill stome tasts giving interval tasted, time tool				

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 (Attach Additional Sheets)		Yes No		-			Sample	
Samples Sent to Geolog	gical Survey	Yes No	Nam	e		Тор	Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
			RECORD Ne		ion, 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	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives		

Purpose: Perforate	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
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
Yes	No
Yes	No

(If No, skip questions 2 and 3) (If No, skip question 3)

(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							ement Squeeze Record I of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed	I Product	ion, SWD or ENH	٦.	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DIODOOITI				-	METHOD		TION			
DISPOSITI	d 🗌 l	Used on Lease		Open Hole Other <i>(Specify)</i>	Perf.	OF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION INTE	HVAL:

Form	ACO1 - Well Completion
Operator	PostRock Midcontinent Production LLC
Well Name	Estes Revocable Trust 21-1
Doc ID	1249735

Casing

	Size Casing Set		Type Of Cement	Type and Percent Additives