

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1251824

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.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
	□ SIOW	Producing Formation:
Gas D&A ENHI		Elevation: Ground: Kelly Bushing:
□ og □ gsw		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: Origin	al Total Depth:	
Deepening Re-perf. Conv.	to ENHR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. t	o GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content:ppm Fluid volume: bbls
		Dewatering method used:
		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	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:						



Page Two

Operator Name:			L	ease 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 Taker (Attach Additional		Yes	No	Log Formation (Top), Depth and Datum				Sample		
Samples Sent to Geo	logical Survey	Yes	No	Nam	e		Тор	Datum		
Cores Taken Electric Log Run		Yes Yes	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 Top Bottom	Type of Cem	ent #	Sacks Used						
Perforate Protect Casing	100 20111111									
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 - Bridg Specify Footage of Each Interv					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth					
	, ,				,		,	·		
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)				

DELIVERY TICKET



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St. Francis, Kansas 67756

St. Francis, Kansas 67756
Phone (785) 332-2014

Mailing Address P.O. Box 768 1375 Angle Road, St. Francis

Total	Тах	Mileage	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		mul observe	Delivery II miles	The I was a series	15 / SACK	135 Salle	3290× Portland	yd Type @	Swydel 1 1/2 % Per Month Charged On All Accounts After 30 Days	Received Rv.	As and land, Kal 677:	2035 Kd 68	1086 Radountion	Date 11/24 4, 2015 Wie
621.32	38.24			574.50	450			525.00				Days		15		1.5	26 2-1

DELIVERY TICKET ST. FRANCIS

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A COMMINITION OF THE PARTY OF T

St. Francis, Kansas 67756 St. 785) 339-2014

Phone (785) 332-2014

Mailing Address P.O. Box 768

1375 Angle Road, St. Francis

Date June 2, 2000

Received By: 1 1/2 % Per Month Charged On All Accounts After 30 Days

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Total	Mileage Tax	mode		H. Sofue	(a)
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