

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1253498

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

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West County: \_\_\_\_\_

SIDE ONE

DOCKET NO. NP \_\_\_\_\_

(Rules 82-3-130 and 82-3-107)

This form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within ninety (90) days after the completion of a well, regardless of how the well was completed.

5-17-22E

FOR INFORMATION REGARDING THE NUMBER OF COPIES TO BE FILED AND APPLICATIONS REQUIRING COPIES OF ACO-1 FORMS SEE PAGE TWO (2), SIDE TWO (2) OF THIS FORM.

(43)

F \_\_\_\_\_ Letter requesting confidentiality attached.

G \_\_\_\_\_ Attach ONE COPY of EACH wireline log run (i.e. electrical log, sonic log, gamma ray neutron log etc.) \*\*\*Check here if NO logs were run \_\_\_\_\_.

PLEASE FILL IN ALL INFORMATION. IF NOT AVAILABLE, INDICATE. IF INFORMATION LATER BECOMES AVAILABLE, SUBMIT BY LETTER.

LICENSE # 6195 EXPIRATION DATE 1-30-85

OPERATOR Aegean Petroleum, Inc. (6195) API NO. 15-121-26, 273

ADDRESS 5 Lewis Cr. Paola, Ks 66071 Inactive COUNTY Miami

FIELD Paola-Rantoul

\*\* CONTACT PERSON Ralph Mills PROD. FORMATION Squirrel  
PHONE 913-294-4722 Indicate if new pay.

PURCHASER Eureka Crude LEASE Antony

ADDRESS 111 West Third - P. O. Box 190 WELL NO. I-1

Eureka, Kansas 67045 WELL LOCATION SW/4 5, 17, 22E

DRILLING C + m Drilling, Inc. (5938) Inactive 230 Ft. from S Line and

CONTRACTOR At. 5 3230 Ft. from E Line of (E)

ADDRESS Paola, Ks 66071 the SW (Qtr.) SEC. 5 TWP. 7 RGE. 23 (W).

PLUGGING CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOTAL DEPTH 720' PBTD —

SPUD DATE 8-6-84 DATE COMPLETED 8-7-84

ELEV: GR \_\_\_\_\_ DF \_\_\_\_\_ KB \_\_\_\_\_

DRILLED WITH (CABLE) (ROTARY) (AIR) TOOLS.

DOCKET NO. OF DISPOSAL OR REPRESSURING WELL BEING USED TO DISPOSE OF WATER FROM THIS LEASE \_\_\_\_\_

Amount of surface pipe set and cemented 20' DV Tool Used? No

TYPE OF COMPLETION THIS AFFIDAVIT APPLIES TO: (Circle ONE) Oil, Shut-in Gas, Gas, Dry, Disposal, Injection, Temporarily Abandoned. If OWWO, indicate type of re-completion \_\_\_\_\_. Other completion \_\_\_\_\_. NGPA filing \_\_\_\_\_.

ALL REQUIREMENTS OF THE STATUTES, RULES AND REGULATIONS PROMULGATED TO REGULATE THE OIL AND GAS INDUSTRY HAVE BEEN FULLY COMPLIED WITH.

## AFFIDAVIT

that: G. G. Kronstedt, being of lawful age, hereby certifies

I am the Affiant, and I am familiar with the contents of the foregoing Affidavit.

Side TWO

OPERATOR

Aegean Petroleum, Inc.

LEASE NAME

Anthony

SEC 5 TWP 17 RGE 22

WELL NO I-1

FILL IN WELL INFORMATION AS REQUIRED:

Show all important zones of porosity and contents thereof; cored intervals, and all drill-stem tests, including depth interval tested, cushion used, time tool down, flowing and shut-in pressures, and recoveries.

Show Geological markers, logs run, or other Descriptive information.

Formation description, contents, etc.	Top	Bottom	Name	Depth
<input checked="" type="checkbox"/> Check if no Drill Stem Tests Run. <input type="checkbox"/> Check if samples sent Geological Survey.  See Log, Attached				

## ACID, FRACTURE, SHOT, CEMENT SQUEEZE RECORD

Amount and kind of material used	Depth interval treated
Water Frac., S18 Sand 16-30 Mesh, 1 Gallon D47 Antifoam,	668.0 - 674.0
50 Gallons H15 Hcl Acid 15%, 5 Gallons L55, 5 Gallons F75N,	
50lbs. J111, 7 Ball Sealers	

Date of first production

Producing method (flowing, pumping, gas lift, etc.)

Pumping

Gravity

 RECEIVED  
 STATE COMMISSION  
 Production-I.P.

Oil

5

Gas

bbls.

MC

10

%

Vented

Water

10

%

Gas-oil ratio

bbls.

CPR

Disposition of gas (vented, used on lease or sold)

Squirrel Perforations

OCT 29 1984

 CONSERVATION DIVISION  
 WELLS REG. 113

If additional space is needed use Page 2

Report of oil strings set — surface, intermediate, production, etc.

CASING RECORD (New) or (Used)

Purpose of string	Size hole drilled	Size casing set (in O.D.)	Weight lbs/ft.	Setting depth	Type cement	Sacks	Type and percent additives
Surface	5 1/8	6 1/4		20'	Portland	3	
Pumping	6 1/8	2 7/8		707.65'			

## LINER RECORD

## PERFORATION RECORD

Top, ft.	Bottom, ft.	Sacks cement	Shots per ft.	Size & type	Depth interval
			3 Shots per Ft.		668.0 - 674.0
TUBING RECORD			18 Shots Total	2" DML Retr. Tubing Gun	
Size	Setting depth	Packer set at			
2 7/8					

Drill Log

NOV 19 1984

State Geological Survey

OCT 29 1984