

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1254696

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				
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:				
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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from: sx cmt.				
Well Name:  Original Comp. Date:  Deepening Re-perf. Conv. to ENHR Conv. to SWD  Plug Back Conv. to GSW Conv. to Producer  Commingled Permit #:  Dual Completion Permit #:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  Chloride content: ppm Fluid volume: bbls  Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
☐ ENHR       Permit #:         ☐ GSW       Permit #:	Operator Name: License #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:						

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Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
instructions: Show open and closed, flowing and flow rates if gas to	ng and shut-in pressu surface test, along w	ires, whe rith final c	ther shut-in prechart(s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosto space is neede	atic pressures, ed.	bottom hole temp	erature, fluid recovery,	
Final Radioactivity Log, files must be submitted						gs must be em	alled to kcc-we	II-logs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)				Log Formation (Top), De				Sample		
Samples Sent to Geological Survey			es No	Nam		e		Тор	Datum	
Cores Taken Electric Log Run		☐ Y	es No							
List All E. Logs Run:										
		Repo	CASING ort all strings set-c		Ne		tion, etc.			
Purpose of String	Size Hole Drilled			Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD	)			
Purpose:	Depth Top Bottom	Type of Cement #			Used Type and Percent Additives					
Perforate Protect Casing Plug Back TD	·									
Plug Off Zone										
Did you perform a hydraulion Does the volume of the total Was the hydraulic fracturing	al base fluid of the hydra	aulic fractu	uring treatment ex		-	Yes Yes Yes	No (If No.	skip questions 2 ar skip question 3) fill out Page Three	,	
Shots Per Foot	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				
TUBING RECORD:	Size: Set At: Packer At:				Liner Run:					
Date of First, Resumed P	roduction, SWD or ENF	łR.	Producing Meth	od:	g $\square$	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er E	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD					COMPI F	DMPLETION: PRODUCTION INTERVAL:				
Vented Sold	Used on Lease		Open Hole	Perf.	Dually	Comp. Co	ommingled			
(If vented, Subn			Other (Specify)		(Submit )	9CO-5) (Sui	bmit ACO-4)			