

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1255013

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:			Sec	TwpS. R			
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section			
City: Sta	ate: Ziŗ	D:+	Feet	from East / West Line of Section			
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:			
Phone: ()			□ NE □ NW	□ SE □ SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD27				
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
New Well Re-	Entry	Workover	Field Name: Producing Formation:				
	_						
☐ Oil ☐ WSW	SWD	☐ SIOW ☐ SIGW ☐ Temp. Abd.	Elevation: Ground: Kelly Bushing:				
☐ Gas ☐ D&A ☐ OG	☐ ENHR ☐ GSW		Total Vertical Depth:	Plug Back Total Depth:			
CM (Coal Bed Methane)	G3W	Terrip. Abd.	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				Feet			
Operator:				nent circulated from:			
Well Name:			, ,	w/sx cmt.			
Original Comp. Date:			loot doparto.	W,			
<u> </u>	_	NHR Conv. to SWD					
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the				
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls			
Dual Completion	Permit #:		Dewatering method used:				
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:			
ENHR	Permit #:		On a water Manage				
GSW	Permit #:			L'acces II			
				License #:			
Spud Date or Date Rea	ched TD	Completion Date or		TwpS. R			
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 Approved by: Date:

Page Two



Operator Name:				Lease 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 Taken Yes No (Attach Additional Sheets)					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 Type and Percent Additives						
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 - Specify Footage of Each					Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dept					
	, ,									
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)				

McPherson Drilling LLC

Rig Number: 2	S. 3 T. 30 R. 22	Gas Tests:
API No. 15-037-222		
Elev.		
4		
Operator: Lecend Oil 40	205 40	
Address: 1218 3rd Ave 15	STE505	
Seattle INA 98	1	
Well No: 7-14	Lease Name: Underwood 31	
Footage Location:	/// ft. from the (N) S Line	
	195 ft. from the (E) (W) Line	
Drilling Contractor: McPhers	on Drilling LLC	
Spud date: 9/25/14	Geologist:	
Date Completed: 9/24/14	Total Depth: 32//	
7 77		
Casing Record	Rig Time:	
Surface Production		
Size Hole: 97/81 51/8	8"	
Size Casing: FINC 27	84	
Weight: 20#		
Setting Depth: 22,4 W 310	0'	
Type Cement:		
Sacks: 4		

					Well Log				
ormation	Тор	Btm.		Formation	Тор	Btm.	Formation	Тор	Btm.
Spil	0	3							
ling	3	16							
Shall/can	1 16	20							-
lime	20	32					6.00		-
coal	32	34			-				-
Shale line	34	138							+
Sha O.	138	746							+
oilsand	146								+
shale	227		TD						+
may	22/	321	1						1
								-	+
									+
	-								+
			1						+
									+
									+

