Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

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:				st West			
Address 2:			Feet from North / South Line	of Section			
City: Sta	ate: Zi _l	p:+	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:				
	_		Producing Formation: Kelly Bushing:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW					
☐ Gas ☐ D&A ☐ OG	GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	dow	Temp. 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			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:			<u> </u>				
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
O constituents at	D		Chloride content:ppm Fluid volume:	bbls			
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of hald disposal if fladied offsite.				
GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st 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

Confidentiality Requested:

Yes No

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Operator Name:				Lease N	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whe	ther shut-in pre	ssure reac	hed stati	c level, hydrosta	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital ele	ectronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an			mple
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	e		Тор	Dat	tum
List All E. Logs Run:										
				RECORD	☐ Ne					
		Repo	rt all strings set-c	conductor, su	rface, inte	ermediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used	Type and Percent Additives				
Perforate Protect Casing	Jop Zollow									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1	<i>)</i>
Shots Per 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						
	opoony i solage of East interval i cristated									
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing		nod:	g 🗌	Gas Lift C	Other (Explain)					
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio		Gravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIVIIVILAVAL	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

Summary of Changes

Lease Name and Number: MEINIG 13

API/Permit #: 15-121-29744-00-00

Doc ID: 1257064

Correction Number: 1

Approved By: NAOMI JAMES

Field Name Pro	evious Value I	New Va	alue
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Approved By **NAOMI JAMES** Deanna Garrison

Approved Date 05/14/2014 07/07/2015

CasingAdd_Type_PctP **NONE**

DF 1

CasingPurposeOfString Surface SURFACE

PDF_1

CasingPurposeOfString PRODUCTION Production

PDF 2

7/18/2014 Date of First or

Resumed Production or

SWD or Enhr

No Yes Electric Log Run?

Elogs_PDF

GAMMA RAY NEUTRON

Fracturing Question 1 No Yes

Fracturing Question 2 No

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Liner Run?		No
Method Of Completion - Perf	No	Yes
Perf_Material_1		6500 GAL WATER,4500 SAND
Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12
Tubing Record - Set At	04573	57064 560
Tubing Size		1