Confidentiality Requested: KANSAS CORPORATION COMMISSION

OIL & GAS CONSERVATION DIVISION

1257582

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 <sub>l</sub>	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 #:		
	Entry	Workover	Field Name:		
□ Oil □ WSW □ SWD □ SIOW			Producing Formation: Kelly Bushing:		
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	
<ul><li>Commingled</li><li>Dual Completion</li></ul>			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** 

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:				

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.  Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).							
Drill Stem Tests Taker (Attach Additional		Yes No	_ L	og Formatic	on (Top), Depth ar	nd Datum	Sample
Samples Sent to Geo	logical Survey	☐ Yes ☐ No	Name	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o			on, etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:	Depth		CEMENTING / SQU	EEZE RECORD			
Purpose.  Perforate Protect Casing Plug Back TD Plug Off Zone	Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Flug Oli Zolle							
Did you perform a hydraulic fracturing treatment on this well?  Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No (If No, skip questions 2 and 3)  (If No, skip question 3)  (If No, fill out Page Three of the ACO-1)							
Shots Per Foot		N RECORD - Bridge Plug otage of Each Interval Perf			cture, Shot, Cement		I Depth
	Spoony 1 o	orage or East mortal to the	Oracou	(2.11	nount and tand of ma	onal Goody	Бори
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		l
Date of First, Resumed Production, SWD or ENHR.  Producing Method:  Flowing Pumping Gas Lift Other (Explain)							
Estimated Production Per 24 Hours	Oil Bb	ols. Gas	Mcf Wate	er Bl	bls. G	as-Oil Ratio	Gravity
DISPOSITI	ON OF GAS:	N.	METHOD OF COMPLE	TION:		PRODUCTIO	N INTERVAL:
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)							
(If vented, Su	bmit ACO-18.)	Other (Specify)					

Form	ACO1 - Well Completion
Operator	PetroSantander (USA) Inc.
Well Name	Nelson 2-4
Doc ID	1257582

## Tops

Name	Тор	Datum
Heebner	3978	
Toronto	3998	
Lansing	4069	
ВКС	4480	
Pawnee	4578	
Ft. Scott	4604	
Cherokee	4616	
Morrow	4750	
Mississippi	4793	
St. Louis	4845	

## **Summary of Changes**

Lease Name and Number: Nelson 2-4

API/Permit #: 15-055-20787-00-01

Doc ID: 1257582

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-055-20787-00-02	15-055-20787-00-01
Approved Date	08/20/2014	07/10/2015