

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1257940

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				
Address 2:			F6	eet from North /	South Line of Section		
City:	State: Z	ip:+	Feet from East / West Line of Section				
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□ NE □ NW	V □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 #:				
	e-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:			
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD	Permit #:		Location of fluid disposal if hauled offsite:				
ENHR	Permit #:		· ·				
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East 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:						

Page Two



Operator Name:				_ Lease I	Name: _			Well #:	
Sec Twp	S. R	East	West	County	:				
open and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov
						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample
Samples Sent to Geological Survey				□No		е		Іор	Datum
Cores Taken Electric Log Run									
List All E. Logs Run:			primations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool tres, whether shuf-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, tith final chart(s). Attach extra sheet if more space is needed. It has been tit more space is needed. It has been titled to kee-well-logs@kcc.ks.gov. Digital electronic log r newer AND an image file (TIFF or PDF). Yes						
	0: 11.1					1		" 0 1	T 15
Purpose of String	Size Hole Drilled								
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD			
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives	
Perforate Protect Casing									
Plug Back TD Plug Off Zone									
1 lug 0 li 20 lio									
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)
			-		-		_ ` `	,	
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (<i>If No, 1</i>	ill out Page Three	of the ACO-1)
Shots Per Foot									
						(* *			200
TUBING RECORD:	Size:	Set At-		Packer A	t·	Liner Run			
		0017111				[Yes N	o	
Date of First, Resumed	Production, SWD or EN	HR.			g 🗌	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!	
DISPOSITION Solo	ON OF GAS: Used on Lease		_	_	_		mminaled	PRODUCTION	JIN IIN I ERVAL:
	bmit ACO-18.)								