Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1260771

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 #:			
☐ New Well ☐ Re-Entry ☐ Workover			Field Name:  Producing Formation:			
☐ 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		
<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:				
open and closed, flow	ing and shut-in pressu	ormations penetrated. Dures, whether shut-in pre ith final chart(s). Attach	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-log	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken (Attach Additional S		Yes No			n (Top), Depth an		Sample
Samples Sent to Geol	ogical Survey	☐ Yes ☐ No	Nam	9		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ 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
		ADDITIONAL	CEMENTING / SQL	EEZE RECORD	I	1	
Purpose:	Purpose: Depth Type of Cement # Sacks Used			Type and Percent Additives			
Perforate Top Bottom Protect Casing Plug Back TD							
Plug Off Zone							
Does the volume of the to	•	n this well? aulic fracturing treatment ex submitted to the chemical o		Yes Yes Yes	No (If No, ski)	o questions 2 and properties of question 3) out Page Three	
Shots Per Foot		N RECORD - Bridge Plug			cture, Shot, Cement		
0.100 1 0.1 001	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used) Depth				
	0:						
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed	Production, SWD or ENH	IR. Producing Meth		Gas Lift C	other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er Bl	bls. G	ias-Oil Ratio	Gravity
		· .	4FTUOD OF 65335	TION		DD OD / 127	AN INTERVAL
DISPOSITION OF GAS:  METHOD OF COMPLETION:  PRODUCTION INTERVAL:  Production Interval:							
(If vented, Sub		Other (Specify)	(Submit A		mit ACO-4)		

## **Summary of Changes**

Lease Name and Number: Stainbrook 10W-14

API/Permit #: 15-107-25018-00-00

Doc ID: 1260771

Approved By

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value

Deanna Garrison

**NAOMI JAMES** 

Approved Date 07/08/2014 08/13/2015

Date of First or 08/11/2015

Resumed Production or

SWD or Enhr

Elogs\_PDF

Other

Electric Log Run? No Yes

Gamma Ray-Neutron-CCL

Method Of Completion - No Yes
Perf

Perf\_Material\_1 Acid 250 gal 7.5% HCL

Perf\_Record\_1 301-304

Perf\_Shots\_1 4

Producing Method No Yes

## Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Producing Method Other Detail		water injection
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 13283	//kcc/detail/operatorE ditDetail.cfm?docID=12 60771