Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

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 🔲 East 🗌 West	
Address 2:	Feet from North / South Line of Section	
City:	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) Datum: NAD27 NAD83 WGS84	
Wellsite Geologist:		
Purchaser:	County:	
Designate Type of Completion:	Lease Name: Well #:	
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:	
☐ Oil ☐ WSW ☐ SWD ☐ SIOW	Producing Formation:	
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:	
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)	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 as follows:	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: Original Total Depth:		
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan	
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)	
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls	
Dual Completion Permit #:	Dewatering method used:	
SWD Permit #:	Location of fluid disposal if hauled offsite:	
ENHR Permit #:		
GSW Permit #:	Operator Name:	
	Lease Name: License #:	
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West	
Recompletion Date Recompletion Date	Countv: 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:	l	
Confidential Release Date:	l	
Wireline Log Received	l	
Geologist Report Received	l	
UIC Distribution	l	
ALT I II III Approved by: Date:		

Operator Name: Lease Name: _ Well #: _ 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 Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Summary of Changes

Lease Name and Number: Stainbrook 24-14

API/Permit #: 15-107-24976-00-00

Doc ID: 1260903

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
i icia inallic	i icvidus valuc	INCW VAIGO

Approved By Deanna Garrison NAOMI JAMES

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

Date of First or 08/12/2015

Resumed Production or

SWD or Enhr

Electric Log Run? No Yes

Gamma Ray-Neutron-

Method Of Completion - No CCL Yes

Perf

Elogs_PDF

Perf_Material_1 Acid 250 gal 7.5% HCL

Perf_Record_1 275-295.5

Perf_Shots_1 3

Producing Method No Yes

Pumping

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 13266	//kcc/detail/operatorE ditDetail.cfm?docID=12 60903