

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  WSW  SWD

Gas  DH  EOR

OG  GSW

CM (Coal Bed Methane)

Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

Deepening  Re-perf.  Conv. to EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

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  Drill Stem Tests Received

Geologist Report / Mud Logs 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 Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Klein E 1
Doc ID	1264467

All Electric Logs Run

DIL
DUCP
MICRO
Sonic



JOB LOG

SWIFT Services, Inc.

DATE 1-6-16 PAGE NO.

CUSTOMER Chalk Production LLC. WELL NO. #1 LEASE Klein "E" owner Two Stage 5 1/2" Longstring TICKET NO. 29140

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0030							On location 5 1/2" 15.5" RTD - 4550' LTD - 4545' TP - 4538' Set - 4545' SJ - "1 2104' D.U. - ↑ #71 1618' Turbos - #1 #3 #5 #7 #9 #11 #13 #15 #69 #72 Basket - #8 #17 #71
	0445							Start 5 1/2 15.5" casing in well
	0710							Drop Ball Circulate
	0810	6 1/2	12		✓		350	Pump 500 gal Mud Flush
		6 1/2	20		✓		350	Pump 20 bbl KCL Flush
	0820	4 1/2	42				200	mix 175 sks EA-2 w/ 1/4" Flo @ 15.5 ppg Wash out pump + lines Release Latch Down Plug
	0835	6 1/2	∅		✓		200	Start Displacement
		6 1/2	69		✓		400	Pump Mud
	0900	<del>4</del> 4	107.5		✓		1600	hand Latch Down Plug Release Pressure * Plug Hold *
	0905							Drop Bomb
	0930	∅	∅		✓		1400	Open D.U. Tool * Circulate 2 hrs *
	1100	6 1/2	20		✓		300	Pump 20 bbl KCL Flush Plug RH (30 sks)
	1110	5 1/2	108		✓		300	mix 195 sks SMD w/ 1/4" Flo @ 11.2 ppg Wash out Pump + Lines Release Top Plug
	1140	6 1/2	∅		✓		200	Start Displacement
		6 1/2	38		✓		400	circulate Cement to surface * in cellar *
	1150	6 1/2	38.5		✓		2000	hand Top Plug Close D.U. Tool * Release Hold * Wash up truck
	1230							Job Complete

Thank You  
Dave John Isaac

JOB LOG

SWIFT Services, Inc.

DATE 27 Jan 66 PAGE NO. 1

CUSTOMER Cholla Production WELL NO. E-1 OWND LEASE Klein JOB TYPE Block Squeeze TICKET NO. 28969

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								75 sk STD Cement 250 gal 15% Reg Acid 27x5 1/2 perf 4468-70 Packer spot 4478' treat 4443 cement 4375
	0930							on loc TRK 114
	1015							swab from 4478' tag fluid - 900'
	1145	3	26			300		Spot 25 bbl - (.6 acid + 22 H <sub>2</sub> O) - circ fluid - (14 bbl) wait 10 min pull 1 joint to 4443' set packer
	1206	3				∅		downhole
		3	4			200		catch pressure
		4	10			1100		Kickout inj rate 46 bpm @ 100 use in 1/2 min
	1211							Swab back load
	1348		5					pipe @ 4375' pump 5 bbl H <sub>2</sub> O
	1353	3	16			200	200	Mix STD cement 75 sk @ 15.6 ppm (held in first tank) wash out pump & line
	1407	3				∅		Displace w/ fresh H <sub>2</sub> O
		2	14			400		catch pressure - 5 bar rate
	1415	1/2	15 1/2			2200		Kickout - slight bleedoff
						2600		pump up to 2600 - holding
								Release pressure to truck - drilled up
	1426	1				800		Reverse out shut way - 800 psi
			30					hole clean - 10 bbl cement to p.t (4 bbl - 20 sk behind the pipe)
	1450					1000		Rest tool - pressure to 1000 psi - holding 3 min
	1500							Pull tool
	1650							pressure up 5 1/2 casing to 200 psi
			10 1/2			200		shut in casing
								Pack up
	1700							job complete

2 bbl in casing  
4 bbl behind the pipe

Blair, Phil & John

STATE CORPORATION COMMISSION

CONSERVATION DIVISION AGENT REPORT

200 Colorado Derby Bldg.  
Wichita, KS 67202

API Number 15- 125-22, 015 <sup>V</sup> -0000

Operator's Full Name DONALD C SLAWSON

Complete Address 200 DOUGLAS BLDG., WICHITA, KANS.

Lease Name MLEIN Well No. 'E' #1

Location NE-SW-SE Sec. 23 Twp. 20 Rge. 25 (East) (West)

County NESS Total Depth 4530 FE

Abandoned Oil Well  Gas Well  Input Well  SWD Well  D & A

Other well as hereafter indicated \_\_\_\_\_

Plugging Contractor SLAWSON DRILLING, INC.

Address 200 DOUGLAS BLDG, WICHITA, MO. License No. \_\_\_\_\_

Operation Completed: Hour: 3:00 PM Day: 29<sup>th</sup> Month: APRIL Year: 19 81

The above well was plugged as follows:

8 5/8" 518 FE SP. CULC w/ 275 # 60/40 PORMIX - 2% GEL. - 23% CH-CL.

ORDERED 110 # 50/100 PORMIX 6% GEL. + 8 5/8" PLUG.

SPOTTED WITH DRILL STEM - WITH HEAVY MUD BETWEEN ALL PLUGS.

1<sup>ST</sup> PLUG. @ 860 FE w/ 65 # CMT.

2<sup>ND</sup> PLUG. @ 540 FE w/ 30 # CMT.

3<sup>RD</sup> PLUG. -> SOLID BRIDGE @ 40 FE/0 w/ 10 # CMT.

5 # IN RAT HOLE.

CEMENTED BY HALLIDAYSON CMT.

5-1-81

I hereby certify that the above well was plugged as herein stated.

INVOICED

Signed: Wesley J. Smith  
Conservation Division Agent

DATE 5-29-81

5584-W