

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1266911

Form ACO-1 November 2016 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.:				
Name:		Spot Description:				
Address 1:		SecTwpS. R 🗌 East 🗌 V	/ est			
Address 2:		Feet from North / South Line of Sec	tion			
City: State:	Zip:+	Feet from	tion			
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.xxxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-Entry	Workover	Field Name:				
☐ Oil ☐ WSW ☐ SWD		Producing Formation:				
Gas DH EOR		Elevation: Ground: Kelly Bushing: 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:	=eet			
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	EOR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Liner Conv. to	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Committed Boundary		Chloride content:ppm Fluid volume:	bbls			
_		Dewatering method used:				
		Location of fluid disposal if hauled offsite:				
		·				
		Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R	Vest			
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 Drill Stem Tests Received							
Geologist Report / Mud Logs Received							
UIC Distribution							
ALT I II III Approved by: Date:							

Page Two



Operator Name:					Lease Na	me: _			Well #:		
SecTwp	oS. F	R	East	West	County: _						
	flowing and sh	ut-in pressure	s, whet	her shut-in pre	essure reache	d stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,	
Final Radioactivit							ogs must be ema	iled to kcc-wel	l-logs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests T			Ye	es No		L	· ·	on (Top), Depth		Sample	
Samples Sent to	Geological Sur	vey	Ye	es No		Nam	е		Тор	Datum	
Cores Taken Electric Log Run Geolgist Report / List All E. Logs R	_		☐ Ye	es No							
			Repo		RECORD	Ne	ew Used	on, etc.			
Purpose of Str		e Hole	Size	e Casing	Weight		Setting	Type of	# Sacks	Type and Percent	
Fulpose of Sti	"' ^g D	rilled	Set	(In O.D.)	Lbs. / Ft	t	Depth	Cement	Used	Additives	
				ADDITIONAL	CEMENTING	i / SQL	JEEZE RECORD				
Purpose:		epth Bottom	Type	of Cement	# Sacks Us	Sacks Used Type and Percent Additives					
Perforate Protect Cas											
Plug Back	TD										
Plug Off Zo	one										
Did you perform	a hydraulia fractu	ring treatment o	n thic w	oll?			Yes	No. (If No.	skip questions 2 an	nd 2)	
Does the volume	•	•			t exceed 350,00	00 gallo	=	= ' '	skip question 3)	u 3)	
3. Was the hydrauli		-		_		_	_	=	fill out Page Three	of the ACO-1)	
Date of first Produc	ation/Injection or F	Posumod Produc	ation/	Producing Meth	hod:						
Injection:	Suon/injection or r	resumed Froduc	,tiOi i/	Flowing	Pumping		Gas Lift C	ther (Explain)			
Estimated Product	tion	Oil Bbls		Gas	Mcf	Wate	er B	ols.	Gas-Oil Ratio	Gravity	
Per 24 Hours										, ,	
DICDC	OSITION OF GAS				METHOD OF C	OMBLE	TION		PPOPULICATION	DN INTERVAL:	
		d on Lease			Perf.	,	_	nmingled	Top	Bottom	
	d, Submit ACO-18.			pen noie _				mit ACO-4)			
(ii veries	u, oublini Acc To.	/									
Shots Per Foot	Perforation Top	Perforation Bottom		Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record	
						_					
TUBING RECORD): Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Citation Oil & Gas Corp.
Well Name	WIELAND UNIT 1-18
Doc ID	1266911

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	_	Type Of Cement	Type and Percent Additives