

Kansas Corporation Commission Oil & Gas Conservation Division

1267117

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:			East West
Address 2:		Feet from North / South I	ine of Section
City: State: 2	Zip:+	Feet from	ine 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.g.	-xxx.xxxxx)
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:	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	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)	
Dameit #		Chloride content:ppm Fluid volume:	bbls
_		Dewatering method used:	
		Location of fluid disposal if hauled offsite:	
		·	
GSW Permit #:		Operator Name:	
		Lease Name: License #:	
Spud Date or Date Reached 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 ☐ Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II III Approved by: Date:						

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Operator Name:					Lease Na	ıme: _			Well #:	
SecTwp	oS. F	R	East	West	County: _					
	flowing and sh	ut-in pressure	s, whe	ther shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,
Final Radioactivit files must be sub							gs 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	_		 Y€ Y€	es No						
			Repo		RECORD conductor, surfa	Ne	w Used	on, etc.		
Purpose of Str	ring Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent
1 uipose oi oti	"' ⁹ D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	a / SQL	JEEZE RECORD			
Purpose:		Depth Bottom	Type	of Cement	# Sacks U	sed		Type an	d Percent Additives	
Perforate Protect Case	sing									
Plug Back Plug Off Zo										
1 lug 0 li 20										
1. Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 an	nd 3)
2. Does the volume	e of the total base	fluid of the hydr	aulic fra	cturing treatmen	t exceed 350,00	00 gallo	ons? Yes	No (If No,	skip question 3)	
3. Was the hydrauli	ic fracturing treatr	nent information	submit	ted to the chemic	cal disclosure re	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Date of first Produc	ction/Injection or F	Resumed Produc	ction/	Producing Met	hod:					
Injection:				Flowing	Pumping		Gas Lift C	ther (Explain)		
Estimated Produc Per 24 Hours	tion	Oil Bbls	S.	Gas	Mcf	Wat	er Bl	ols.	Gas-Oil Ratio	Gravity
DISPO	SITION OF GAS	:		N	METHOD OF C	OMPLE	TION:			N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole	Perf.			nmingled	Тор	Bottom
(If vente	d, Submit ACO-18.)				(Submit	ACO-5) (Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	1	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, (Cementing Squeeze	Record
Foot	Тор	Bottom		Туре	Set At			(Amount and k	Kind of Material Used)	
						-				
TUBING RECORE): Size:		Set At:	<u> </u>	Packer At:					

Form	ACO1 - Well Completion
Operator	S & K Oil Production, Inc.
Well Name	Page 45
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Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	10	7	6	20	One	6	None
Conductor	5.620	2.087	6	614	One	70	None

		Page Well#: 45°			11-24524-00-00	County:Bourbon
Owne	er: S	& K Oil Production, Inc.	10 70 15	C	perator#; 33551	
ec:	17	Twp: 25 5 R: 22 E		Spot	Location:	
Star	ted:				~ 27- 2015	
Surf	face:	20'4 7" Cem	ented:		6 sacks Hole	Size: 10"
Jone	gstri	ng: 614 of 27/8 Cem	ented:	7	O sicks Hole	Size: 5 5/8
SN:		Pac	ker:			
Plue	gged:	Bot	tom Pl	ug:		
			1	3	TD: 633'	
rkn	DEP	Formation	TKN	DEP	Formati	on
2	ż	Top 52:1				
41	43	25,00				
32	75	Shalm				
5	80	Lippin				
63	143	5hrlu			,	
1	144	Linu				
7	157	Shala				A - Marie
	152	Lima				
5	157	Shoh				
1	158	him				
	159	5hele	-			
5	114	Lim				
2	166	Shila				
4		Lim				
90		Shala Some Lim Striks				
8	268	Lin				
15	187	shale				
21	304	him	33			
42	346	5halu				
5	351	Lim				
	353	Shala			7 197	
	343	Line	_			
	368	shale E. A. S. H	_			
20	THE RESERVE OF THE PERSON NAMED IN	Ling Fort Scott				
	392	54.19				
	483	Sandy Sholy				
126	784	Lina Sh. h	-			
2		Oil Sand Pour Bland				
4	616	Gas Sand Oil Chips	_			
3	619	Oil Sand Fair Bland				
6	625	eil Sand Huma Rlad				
CHEST PROPERTY.	628	oil Sand Hong Blad				
	633	Souly Shaly				