Confidentiality Requested: Yes No

Recompletion Date

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1269478

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:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR ☐ GSW	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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or	

County:

AFFIDAVIT

Recompletion Date

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:							

Permit #:_

	Page Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 [(Attach Additional Sheets)		Y	Yes No			Log Formation (Top), Dep			pth and Datum		Sample	
Samples Sent to G		rvev	ΠY	⁄es 🗌 No		N	ame			Тор		Datum
Cores Taken Electric Log Run Geolgist Report / N List All E. Logs Rui	Mud Logs		Y Y	Yes No Yes No Yes No								
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc.												
Purpose of Strin		ze Hole Drilled		Size Casing Set (In O.D.)		Weight Lbs. / Ft.		Setting Depth	Type of Cement		Sacks Used	Type and Percent Additives
				ADDITIONA	L CEMEN	ITING / S	SQUEE	ZE RECORD		·		
Purpose: Perforate		Depth Depttom	Type of Cement		# Sacks Used			Type and Percent Additives				
Protect Casir	D											
Plug Off Zon	e											
 Did you perform a hydraulic fracturing treatment on this well? Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip questions 2 and 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? 												
Date of first Producti Injection:	ion/Injection or	Resumed Proc	luction/	Producing Me	_							
			Flowing	Pum				Dther (Explain)	Cas Oil	Datia	Crowity	
Estimated Production Oil Bbls. Per 24 Hours		DIS.	Gas Mcf			Water Bbls.		Gas-Oil Ratio Gravity				
DISPOSITION OF GAS: METHOD O				OF COM	IPLETIC	DN:			ODUCTIO	N INTERVAL:		
Vented Sold Used on Lease				Open Hole Perf.			Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			Тор		Bottom
(If vented,	Submit ACO-18	3.)				(
Shots Per FootPerforation TopPerforation Bottom			Bridge Plug Type Bridge Plug Set At						hot, Cementing Squeeze Record and Kind of Material Used)			

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Cobalt Energy LLC
Well Name	Hobbs "A" 1-18
Doc ID	1269478

Casing

	Size Casing Set		Type Of Cement	Type and Percent Additives