

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1271218

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 # _____

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 | ☐ SIOW |
| ☐ Gas | ☐ D&A | ☐ ENHR | ☐ SIGW |
| ☐ OG | ☐ GSW | ☐ Temp. Abd. | |
| ☐ 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 ENHR | ☐ Conv. to SWD |
| ☐ Plug Back | ☐ Conv. to GSW | ☐ Conv. to Producer | |
| ☐ Commingled | Permit #: _____ | | |
| ☐ Dual Completion | Permit #: _____ | | |
| ☐ SWD | Permit #: _____ | | |
| ☐ ENHR | Permit #: _____ | | |
| ☐ GSW | Permit #: _____ | | |

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - _____

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

☐ Geologist Report Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



1271218

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 (Attach Additional Sheets)	☐ Yes ☐ No	☐ Log	Formation (Top), Depth and Datum	☐ Sample
Samples Sent to Geological Survey	☐ Yes ☐ No	Name	Top	Datum
Cores Taken	☐ Yes ☐ No			
Electric Log Run	☐ Yes ☐ No			
List All E. Logs Run:				

CASING RECORD ☐ New ☐ 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
____ 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)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 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)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth

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 Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. (Submit ACO-5) ☐ Commingled (Submit ACO-4) ☐ Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Global Cementing LLC

1958 E HWY 40
Russell, KS 67665

Invoice

Date	Invoice #
6/8/2015	1690
Due Date	7/8/2015

Bill To
HABIT PETROLEUM PO BOX 243 HAYS KS 67601

P.O. No.	Project
LEIKER#2	

Quantity	Description	Rate	Amount
150	COMMON		
5	CALCIUM		
3	GEL		
158	HANDLING BULK MILEAGE		
1	TRI-PLEX PUMP CHARGE FOR SURFACE		
10	PUMP TRUCK MILEAGE		
10	PICKUP		
	DEDUCT 20% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE ELLIS CO		

Thank you for your business.

Phone #	Fax #	E-mail
785-324-2658	785-445-4174	globalcementing@gmail.com

Global Cementing LLC

1958 E HWY 40
Russell, KS 67665

Invoice

Date	Invoice #
6/14/2015	1693
Due Date	7/14/2015

Bill To
HABIT PETROLEUM PO BOX 243 HAYS KS 67601

P.O. No.	Project
LEIKER#2	

Quantity	Description	Rate	Amount
183	COMMON		
122	POZ		
11	GEL		
76.25	FLO-SEAL		
316	HANDLING		
	BULK MILEAGE		
1	TRI-PLEX PUMP CHARGE FOR PLUG		
10	PUMP TRUCK MILEAGE		
10	PICKUP		
1	DRY HOLE PLUG		
DEDUCT 20% FROM TOTAL IF PAID WITHIN 30 DAYS OF INVOICE ELLIS CO			

Please remit to above address.

Phone #	Fax #	E-mail
785-324-2658	785-445-4174	globalcementing@gmail.com