



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1272433  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_



1272433

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  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				

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. _____		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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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# Legend Drilling

# Drillers Log

Rig Number: 1	S. 23 T. 32 R. 15 E
API No. 15-125-32454	County: Montgomery
Elev. 800'	Location: SW-SE-SW-NW

Gas Test:  
Drill To 900' on Air Then  
switched To mud

Operator: Polaris Energy Inc
Address: P.O. Box 85 maineville OH 45039
Well No: BL-23 Lease Name: J & V Gordon Trust
Footage Location: 2805 ft. from the (N) (S) Line
4455 ft. from the (E) (W) Line
Drilling Contractor: Legend Drilling
Spud Date: 8/3/15 Geologist:
Date Completed: 8/16/15 Total Depth: 1522'

Casing Record		Rig Time:
Surface	Production	8/6/15 2 hrs mix mud
Size Hole: 11"	6 3/4"	8/10/15 30 min wash up samples
Size Casing: 8 5/8"		1 1/2 mix mud
Weight: 23#		
Setting Depth: 83'		4 hrs Total \$1400.00
Type Cement: Port		
Sacks: Service company		

\$15,981.00  
1522' @ \$10,500.00/Ft  
4 hrs Rig Time @ \$350.00/hr  
Total \$17,381.00 Approve  
with B.

Top water @ 850'			Well Log					
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
Soil/Clay	0	6	fit lining	602	625	shale	1134	1182
Sand Stone	6	10	shale	625	702	mississippi	1182	1487
Sand	10	58	oil pipe limit	702	733	green shale	1487	1495
shale	58	78	summit	733	746	lime	1495	1499
lime	78	98	lime	746	771	Blk shale	1499	1509
shale	98	118	mulky	771	777	Abuckle	1509	1522
lime	118	117	lime	777	786			
shale	117	127	shale	786	793			
lime	127	148	coal	793	794			
shale	148	230	shale	794	820			
lime	230	242	coal	820	821			
fine sand	242	260	shale	821	946			
shale	260	294	coal	946	987			
lime	294	301	shale	987	976			
shale	301	389	lime	976	986			
lime	389	391	shale	986	999			
shale	391	409	sand	999	1004			
lime	409	412	shale	1004	100			
fine sand	412	434	sand	1016	1034			
shale	434	461	shale	1034	1046			
lime	461	486	SAND / shale	1046	1068			
fine sand	486	512	SAND	1068	1085			
brack shale	512	516	water sand	1085	1088			
shale	516	602	brack shale	1088	1134			







**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 49054  
LOCATION Engling, Ok  
FOREMAN Bill S.

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-15		Gordon tract 123	23	32S	15E	Mont.
CUSTOMER <u>Drent</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			70	Mike		
CITY			70	Justin		
STATE						
ZIP CODE						

JOB TYPE Production HOLE SIZE 6 3/4 HOLE DEPTH 1523 CASING SIZE & WEIGHT 4 1/2 10.5  
CASING DEPTH 1502' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
SLURRY WEIGHT 13.9/14.9 SLURRY VOL 53 bl. WATER gal/sk 8/65 CEMENT LEFT in CASING 0  
DISPLACEMENT 5.65 gal DISPLACEMENT PSI 1000 MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Leaded casing, tested collar to 100 psi, tool man drilled collar open. Pumped Col pad plus 24 bl. H<sub>2</sub>O, mixed lead cement (type 'A') w/ additives @ 13.9 followed by tail cement mixed @ 14.8 (15/90). tool man closed tool w/ test to 1000 psi. Backwashed @ 1472' 26 bl. H<sub>2</sub>O circulated out cement, ran in tag bottom backwashed again w/ 30 bl. H<sub>2</sub>O.

85 SKS lead mixed @ 13.9 lb/gal.  
100 SKS Tail mixed @ 14.8 lb/gal.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0451	1	PUMP CHARGE 1501'-3000'	1900. <sup>00</sup>	1900. <sup>00</sup>
CE 0007	75 miles	MILEAGE Pick up	3. <sup>00</sup>	225. <sup>00</sup>
CE 0002	75 miles	Pump Truck / Heavy Equip. Mileage	7.15	536. <sup>25</sup>
CE 0710	652	Cement Delivery Charge	1.75 ton/mi	1141. <sup>00</sup>
CC 5800	145 SKS	Type A Cement	20. <sup>00</sup>	3700. <sup>00</sup>
CC 5965	500 lb.	Britonic	.30	240. <sup>00</sup>
CC 5326	1150 lb.	Sodium Chloride	.75	862. <sup>50</sup>
CC 6077	1100 lb.	Kal Seal	.50	550. <sup>00</sup>
CC 6079	60 lb.	Pheno Seal	1.35	108. <sup>00</sup>
CC 5878	600	Carbaram	.75	450. <sup>00</sup>
		Discount 52.5%		
		4977.73		
MG		6.5%	SALES TAX	9772.75
			ESTIMATED TOTAL	38111.9
				10076.93

RAVIN 3737  
AUTHORIZATION Will Bales TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.