Confidentiality Requested: Yes No

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

1272608

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / 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 D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. 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 ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back 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:
ENHR         Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R East West
Spud Date or         Date Reached TD         Completion Date or           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								
Geologist Report Received								
UIC Distribution								
ALT I II III Approved by: Date:								

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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)		Yes No		-	Formation (Top), Depth and Datum Top			
Samples Sent to Geological Survey		Yes No	Name	Э			Datum	
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING Report all strings set-c	RECORD Ne Ne conductor, surface, inte		ion, etc.			
Purpose of String	Purpose of String         Size Hole Drilled         Size Casing Set (In O.D.)         Weight Lbs. /				Type of Cement	# Sacks Used	Type and Percent Additives	
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD				
Dumana	Dopth							

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Off Zone				

No

No

(If No, skip questions 2 and 3)

(If No, skip question 3)

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

Vas the hydraulic fractu	ring treat	ment information s	ubmitted	to the chemic	al disclosure	e registry?	Yes	No (If N	No, fill out Page Three of the AC	:O-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)					
TUBING RECORD:	Size: Set At: Packer At:					r At:	Liner Run:	Yes	No	
Date of First, Resumed Production, SWD or ENHR.				Producing Method:			Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:							-		PRODUCTION INTERVAL:	
Vented Solo	l 🗌 I	Jsed on Lease		Open Hole Perf. Dually (Submit )				Commingled (Submit ACO-4)		
(If vented, Submit ACO-18.)				Other (Specify)						

# W & W Production Company 1150 Highway 39 Chanute, Kansas 66720 Office # 620-431-4137 Cell# 620-431-5970

November 30, 2015

CEMENT TICKET Harner W-51 Sec. 23, Twp. 26, Rge. 18E Allen County, Kansas

- 09-01-15 Circulate 4 sacks Portland Cement up backside of 7" Surface 21' to 0'.
- 10-03-15 Circulate Portland Cement through 2.5' casing from 842' to 0'. Pump rubber plug behind cement from 0' to 840' & close in 750# using 105 sacks Portland Cement.