

## Kansas Corporation Commission Oil & Gas Conservation Division

1270247

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:	SecTwpS. R
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: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.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:
☐ OG ☐ 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)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
<u> </u>	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:						

Page Two



Operator Name:					Lease Na	me: _			Well #:		
SecTwp	oS. F	R	East	West	County: _						
	flowing and sh	ut-in pressure	s, whet	her shut-in pre	essure reache	d stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,	
Final Radioactivit							ogs must be ema	iled to kcc-wel	l-logs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)								and Datum	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	_		☐ Ye	es No							
			Repo		RECORD	Ne	ew Used	on, etc.			
Purpose of Str		e Hole	Size	e Casing	Weight		Setting	Type of	# Sacks	Type and Percent	
Fulpose of Sti	"' <sup>g</sup> D	rilled	Set	(In O.D.)	Lbs. / Ft	t	Depth	Cement	Used	Additives	
				ADDITIONAL	CEMENTING	i / SQL	JEEZE RECORD				
Purpose:		Depth Bottom	Type	of Cement	# Sacks Us	sed	ed Type and Percent Additives				
Perforate Protect Cas		Dottom									
Plug Back	TD										
Plug Off Zo	one										
Did you perform	a hydraulia fractu	ring treatment o	n thic w	oll?			Yes	No. (If No.	skip questions 2 an	nd 2)	
Does the volume	•	•			t exceed 350,00	00 gallo	=	= ' '	skip question 3)	u 3)	
3. Was the hydrauli		-		_		_	_	=	fill out Page Three	of the ACO-1)	
Date of first Produc	ation/Injection or F	Posumod Produc	ation/	Producing Meth	hod:						
Injection:	Stion/injection of r	resumed Froduc	,tiOi i/	Flowing	Pumping		Gas Lift C	ther (Explain)			
Estimated Product	tion	Oil Bbls		Gas	Mcf	Wate	er B	ols.	Gas-Oil Ratio	Gravity	
Per 24 Hours										, <b>,</b>	
DICDC	OSITION OF GAS				METHOD OF C	OMBLE	TION		PPOPULICATION	DN INTERVAL:	
		d on Lease			Perf.	,	_	nmingled	Top	Bottom	
	d, Submit ACO-18.			pen noie _				mit ACO-4)			
(ii veries	u, oublinit ACC 10.	/									
Shots Per Foot	Perforation Top	Perforation Bottom		Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record	
						_					
TUBING RECORD	): Size:		Set At:		Packer At:						

Form	ACO1 - Well Completion					
Operator	S & K Oil Production, Inc.					
Well Name	Page I 24					
Doc ID	1270247					

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10	7	6	20	One	6	None
Conductor	5.620	2.087	6	730	One	75	None

Lease: Page Well#: 127
Owner: S+K O:1 Production Inc API#:15-011-24528-00-00 County: Bourban Operator #: 33551 R: 22 Spot Location: N2 56 Sec: 18 Tsp: 25 Completed: 10 - 29-15 Started: 10-15-15 Hole Size: 10" Surface: 20' of 7" Cemented: 6 secks Longstring: 730' a 1/8 Hole Size: 5 5/8 Cemented: 75 Packer: SN: Plugged: Bottom Plug: **FORMATION** TKN DEP **FORMATION** TKN DEP Top Soil Loss Rocks Light oil Sand good Bland 2 682 4 4 8 Oil Sand Honoy Blend 12 686 Lina Oil Sand Some Shala Fair Bland 4 690 Shala 5 17 692 oil Sand Shale + Dry Sand Poor Bland Lima 11 28 oil Sand Duck Good Bland 7 54.1-2 694 35 oil sand + Shala Poor Bland Lima 696 15 2 50 Sandy Shale While con! 733 3 53 hima 4 57 7 Sh-1-733 TO 64 20 84 Line 2 Shala 36 Lina 3 89 50% -14 50 139 3 Lines 142 103 Shala 245 Lina 246 Shala 3 249 Lina 257 Shal-272 15 Ruf Bul 275 3 Shala 338 63 Lima 339 1 Shala 4 343 Lima 24 367 18 383 Shala Lime 2 385 Shall with Line stanks 26 411 416 Lime 5 2 418 shala 7 425 Lis me 5ha/-7 432 2.m. fist Seatt 437 Sand + Shalu Oil Sant Some Day Sand OK Bland 13 450 4 454 Oil Sand + Dry Sand Poor Bland 5 459 91 Santy Shalu 550 551 Lima 104 655 5 Kille 5 670 Day Sant 678 Sandy Shela 680 Light Sand Good Oder