Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1271032

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
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 Bounds the	Chloride content: ppm Fluid volume: bbls
Commingled 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:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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	ıme: _			Well #:	
SecTwp	oS. F	R	East	West	County: _					
	flowing and sh	ut-in pressure	s, whe	ther shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,
Final Radioactivit files must be sub							gs must be ema	iled to kcc-wel	l-logs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests T			Ye	es No		L		on (Top), Depth		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	_		<ul><li> Y€</li><li> Y€</li></ul>	es No						
			Repo		RECORD conductor, surfa	Ne	w Used	on, etc.		
Purpose of Str	ing Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent
Fulpose of Sti	"' <sup>g</sup> D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	i / SQL	JEEZE RECORD			
Purpose:		Depth Bottom	Type	of Cement	# Sacks Used Type and Percent Additives					
Perforate Protect Cas	sing									
Plug Back Plug Off Zo										
1 lug Oli 20	JIIC .									
Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 ar	nd 3)
2. Does the volume	e of the total base	fluid of the hydr	aulic fra	cturing treatmen	t exceed 350,00	00 gallo	ns? Yes	No (If No,	skip question 3)	·
3. Was the hydrauli	ic fracturing treatr	nent information	submit	ted to the chemic	cal disclosure re	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Date of first Produc	ction/Injection or F	Resumed Produc	ction/	Producing Met	hod:					
Injection:				Flowing	Pumping		Gas Lift C	other (Explain)		
Estimated Produc Per 24 Hours	tion	Oil Bbls	S.	Gas	Mcf	Wat	er Bl	ols.	Gas-Oil Ratio	Gravity
DISPO	SITION OF GAS	:		N	METHOD OF C	OMPLE	TION:			N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole	Perf.			nmingled	Тор	Bottom
(If vente	d, Submit ACO-18.	)				(Submit	ACO-5) (Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	1	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, (	Cementing Squeeze	Record
Foot	Тор	Bottom		Туре	Set At			(Amount and k	Kind of Material Used)	
						-				
TUBING RECORE	): Size:		Set At:	<u> </u>	Packer At:					

Form	ACO1 - Well Completion
Operator	Hughes Drilling Co, a General Partnership
Well Name	North McMillen I-6
Doc ID	1271032

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	26	Portland	12	50/50 POZ
Production	5.625	2.875	8	742	Portland	107	50/50 POZ

### HUGHES DRILLING REPORT

SURFACE CASING Well Nott I 6 Size I Farmid McMillen Foet 26 Circulated 12 sx coment

Permanent CSG. Size 238 3rd EUE Glaw)
Rect 742.20 of supplement Show on Botton
Boffle at 712 Plant Show on Botton

OPERATOR HARJACS DELLINES

DATE

1845415

10/16/12

PDC Bit

			T' Size 28 3rd EUE 4	(ew)	STRATA	KONTAMBOT	T.D.
Q		Size	1 (11 (11 (11 (11 (11 (11 (11 (11 (11 (	on Bottom	THICKNESS	ORILLED	
ς.	D		Boffe at 712 Plants	24 a	3	501	132
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	No.	Huis	Contractor HUGHES	DRILLING CO.	7.6		62
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7	maracana HRCI		REMARKS - YYPE WORK - BILLING REF.	PIPE TALLY	- Chicago and an analysis and an	LIME	procession of the second
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1	66	1.3	Shele (Slote 67-63)	19225-1115	17	Smile	12.02
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	126	540	Shall (BAKA 423-426) Gdy4	64-166/632255	3	Shall	1644
1		544	Line (sdy)	(16) 225- 584.	P 3	Las water	652
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Sec. 2 , Twp. 16 , Rng. 20

API# 15-059-27061

705 FSL 2095 FEL

#### HUGHES DRILLING REPORT

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Set 742.20 of 28 8rd EVE (New)
Battle at 712' Floatshoe on Bottom
Uscal 3 centralizes

Sec. 2 , Twp. 16 , Rng. 20 FC: Co., Kansas 705 FSL 2595 FEL

# HUGHES DRILLING CO.

195,4

Wellsville, Kansas 66092

Roger	913-883-2295
Darrel	913-883-4027
LECA	RVO.MRO. snear

CORETINE
TEASE OF MOMILIAN TO THE
FORMATION # 2 SQUIFTED

DATE: 19-19-15

Rom 913-893-4655 Clay 913-863-4363

( Sample)

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4500

LOCATION OXTALLIA KS
FOREMAN Fred Wash

4024.95)

DATE

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

FIELD TICKET & TREATMENT REPORT

	COUNTY  FR  DRIVER
CUSTOMER	
	DRIVER
TRUCK# DRIVER TRUCK#	DRIVER
1 4 0 4 1 5 1 2 7 1 1 3 2 3 3	
MAILING ADDRESS 7,2 Fre Mad	
122 Manst.  CITY STATE ZIP CODE SER A I Mah	
CITY STATE ZIP CODE 558 A.I Mc D.	
100 Marilla V5 66000	
JOB TYPE LONG STYM, HOLE SIZE 378 HOLE DEPTH 751 CASING SIZE & WEIGHT 27	EUE
CASING DEPTH 742. 35 DRILL PIPE Baffle M TUBING 7/2" OTHER	
SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT In CASING 30	· 4 Plus
DISPLACEMENT 4.14 BBL DISPLACEMENT PSI MIX PSI RATE 4 BPA	<u> </u>
REMARKS: Hold Safety Mesky Fatablish Circulation. Mix Pump 100	al Cal
Flush. Mix + Pump & Sks Por Bland I A Coment 2% and "4"	Flo
God/sk. Coment to Surface. Flush pump + Imes clean. Dis	place
2%" Robber aluc to Battle in Casing. Preseure to 600th PSI. M.	ON YOU
prossure for 30 min MIT. Palasse pressure to set float.	Jaluo.
	***************************************

Customer Supplied water Fully

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT		UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	156000	<i></i>
CEOODZ	15 mi	MILEAGE	495	10725	
CEOTH	M Do Dresson	Ton Miles	558	66000	
		Sub Total		77/7 75	
		Less 46%		1042 24	122431
CC5840	107 sks	Por Bland I A Coment		1444 50	
1 1/9*	280#	Bentonite Cal		8400	0
CC 22.82	<u> </u>	a sa ba s		5400	
CC 6075]	27th	Cello Flake		Y595-	
CP81769		2 % Rubber Plus 2506 Total		162750	
		6.855		74865	87885
			8,070	SALES TAX	7031
Rayin 3737	1607/5/			ESTIMATED TOTAL	217348

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.

TITLE

Ular