Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1271064

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:			East West
Address 2:		Feet from North / South I	Line of Section
City: State: 2	Zip:+	Feet from East / West L	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.g.	xxx.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:	
		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)	
Dameit #		Chloride content:ppm Fluid volume:	bbls
_		Dewatering method used:	
		Location of fluid disposal if hauled offsite:	
		· ·	
GSW Permit #:		Operator Name:	
		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	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	_		 Y€ Y€	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	"' ^g 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 U	sed		Type an	d 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	OSITION 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-7
Doc ID	1271064

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	26	Portland	10	50/50 POZ
Production	5.625	2.875	8	805	Portland	115	50/50 POZ

HUGHES DRILLING REPORT

Well No I 7 Size 7 Parm N. McMILLEN Fort 26 Orculated 10 ex coment

PERMANENT CSG.

Size 2 & Srd EUE (New)

Battle at 723 Floot shoe on Bottom

OPERATOR HUSSES DAILING

T. D. at Completion 319
Contractor HUGHES DRILLING CO.

Of Wilders and)		Contractor Share	
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HUGHES DRILLING CO.

(Pg. 3

Wellsville, Kansas 66092

Roger 913-083-2235 Darrel 913-983-4027

CORETIME
LEASE OF MACHINE 1-7
FORMATION #1 SQUICCE
DATE: 10/20/15

Ron 913-883-4655 Clay 913-683-4365

(months Somple)

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HUGHES DRILLING CO.

[Pg,4

Wellsville, Kansas 66092

Roger	913-003-2235
Darrel	913-803-4027

LEASE O MUNICO I-7
TORMATION #2 SQUISCO

Ron 913-883-4655 Clay 913-883-4383

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	hanute, KS 6677 or 800-467-8676	a U	T & TRE	ATMENT REP NT	ORT MVO	ic#86	177
DATE	CUSTOMER#	WELL NAME & NUI		SECTION	TOWNSHIP	RANGE	COUNTY
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CITY	WIN BANCOLO	STATE ZIP CODE		558	MikHaa	V	
Wellsvil	le	KS 66092		200	7		
OB TYPE / AL		HOLE SIZE 5 5/811	' HOLE DEP	тн <u>819</u> ′	CASING SIZE & \	WEIGHT 27/8	"EUE
ASING DEPTH		DRILL PIPE		baffle-77	3'	OTHER	
LURRY WEIGH		SLURRY VOL	WATER ga		CEMENT LEFT in	CASING 32	1
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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.