Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1271439

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 🔲 East 🗌 West
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:
	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)
Down's I	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 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 I II 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	ring Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent
1 uipose oi oti	"' ⁹ D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	a / SQL	JEEZE RECORD			
Purpose:		Depth Bottom	Type	of Cement	# Sacks U	sed		Type an	d Percent Additives	
Perforate Protect Case	sing									
Plug Back Plug Off Zo										
1 lug 0 li 20										
1. Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 an	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	ons? 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	ther (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:		Packer At:					

Form	ACO1 - Well Completion			
Operator	Grand Mesa Operating Company			
Well Name	HUND 2-9			
Doc ID	1271439			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	 _	Type Of Cement	Type and Percent Additives

FROM : HELPUSELL

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B LO TOMER		Adia	WELL NO.	2 0			CEO. NC. DATE MON'S PAGE
	Grand M			PUMPS	PRESSU	Hund	JOB TYPE TO About MICKEY NO. 2887
HART	TIME	RATE (DPM)	(BBL) (EAL)	7 /7	TUBING	CASING	DESCRIPTION OF OPERATION AND MATERIALS
_	-					-	345 Sk 60/40 poznix w/ 490ge/
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