Confidentiality Requested: Yes No

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

1271655

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTOR	RY - DES	CRIPTION	OF WEI	LL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	S. R East West
Address 2:	Feet from North / South Line of Section
City: State: Zip:	+ Feet from Deast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	
Name:	
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Wor	rkover
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ 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?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	
Well Name:	
Original Comp. Date: Original Total Dept	
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Compl	Quarter Sec. Twp. S. R. East West
	npletion 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:						

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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		Log Forma	Formation (Top), Depth and Datum		Sample	
Samples Sent to	Geological Surv	/ey	Yes No	N	ame		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs Ru	Mud Logs	[Yes No Yes No Yes No					
			CASING Report all strings set-	RECORD	New Used	ction, etc.		
Purpose of Stri		e Hole rilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	Type of # Sacks	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	SQUEEZE RECOR	D		
Purpose: Perforate		epth Bottom	Type of Cement	# Sacks Used		Type and Percent Additives		
Protect Casing Plug Back TD Plug Off Zone								
	of the total base	fluid of the hydrau	this well? Ilic fracturing treatmer ubmitted to the chemic	-		No (If No	o, skip questions 2 ar o, skip question 3) o, fill out Page Three	
Date of first Produc Injection:	tion/Injection or R	Resumed Production	on/ Producing Met	hod:	Gas Lift] Other <i>(Explain)</i> _		
Estimated Product Per 24 Hours	ion	Oil Bbls.	Gas	Mcf N	Water	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COMPLETION:			PRODUCTION INTERVAL: Top Bottom	
Vented Sold Used on Lease Open H			Open Hole	Perf. Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)				
							0 11 0	
Shots Per Foot	Per Perforation Perforation Bridge Plug Bridge ot Top Bottom Type Set			Bridge Plug Set At	Ac	ia, Fracture, Shot, (Amount and	Cementing Squeeze Kind of Material Used)) Hecora

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion		
Operator	Citation Oil & Gas Corp.		
Well Name	PETZ 8		
Doc ID	1271655		

Casing

	Size Casing Set	U U U	Type Of Cement	Type and Percent Additives