

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1272832

Form ACO-1
August 2013
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. 15				
Name:			Spot Description:				
Address 1:			Sec.	TwpS. R	East _ West		
Address 2:			F6	eet from	South Line of Section		
City: S	tate: Zi	p:+	Fe	eet from East / V	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section Co	orner:		
Phone: ()			□ NE □ NV	V □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:				
☐ Oil ☐ WSW ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW ☐ OG ☐ GSW ☐ Temp. Abd.			Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
Cathodic Other (Con	e. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well In			If yes, show depth set:		Feet		
Operator:			If Alternate II completion, of	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:	Original To	otal Depth:					
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Manageme	nt Plan			
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from t				
O constitued and	D		Chloride content:	ppm Fluid volume:	bbls		
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if	f haulad offsita:			
☐ ENHR			Location of fluid disposal fi	nauled offsite.			
GSW Permit #:			Operator Name:				
_			Lease Name:	License #:			
Spud Date or Date Rea	ached TD	Completion Date or	QuarterSec	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					
Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					

Page Two



Operator Name: Lease Name: _ _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
 ■
 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



TICKET NUMBER LOCATION COKIE

Boy 884 Char				PORT .	Jerry Yort	
-431-9210 or	ute, KS 66720 800-467-8676		TREATMENT RE EMENT	·		
	USTOMER# \	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	2624 \48	U DYKE 410	10	3	-42W	Chyenne
CTOMES -		154-	Hancis Hon TRUCK#	DRIVER	TRUCK#	DRIVER
ALING ADDRESS	rce/ Service	25 36	#My 753	MicheelR		
AILING ADDITECT		1	rorth to 566	collin 5		
TY	STATE	ZIP CODE	屋			
• •		יא	side		-7 dp	<u> </u>
DB TYPE 5U	Face HOLE SIZ	ZE 9 % HC	OLE DEPTH 352	CASING SIZE & W		171b
SING DEPTH	348 DRILL PI	PETU	BING	_ 	CASING 40	
URRY WEIGHT	14.8 SLURRY	VOL 1.24 W	ATER gal/sk	CEMENT LEFT in	CASING 70	
			X PSI	_ RATE	-1:00 m	542110
emarks: Saf	to Muling &	ligged up on e	exact Rig 2 b	stoke Circul	9+121111	nace I (C)
om 3% CU 5	1% gel disolace	d 12.75 bb was	shed up			
rement	Dif circula	nte			· · · · · · · · · · · · · · · · · · ·	
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12.75 7	OPIT					CEM
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ACCOUNT	QUANITY or UNITS	S DESC	RIPTION of SERVICES or	PRODUCT	UNIT PRICE	TOTAL
ACCOUNT CODE		DESC PUMP CHARGE	RIPTION of SERVICES or	PRODUCT	JUNIT PRICE	
ACCOUNT CODE			RIPTION of SERVICES or	PRODUCT	UNIT PRICE	
ACCOUNT CODE CE0450	QUANITY or UNITS	PUMP CHARGE MILEAGE	2061		UNIT PRICE	
ACCOUNT CODE CEO450	QUANITY or UNITS	PUMP CHARGE MILEAGE			UNIT PRICE	
ACCOUNT CODE CE0450	QUANITY or UNITS GO 5.17 16n 110 5KS	PUMP CHARGE MILEAGE	eage shord II (Com:		UNIT PRICE	
ACCOUNT CODE CEOUSO CEOW2 CEO710 CC582	QUANITY or UNITS 60 5.17 16n 110 5K5 30916	PUMP CHARGE MILEAGE TON Mile Surface & Calcium	eage shord II (Com: Chloride		UNIT PRICE	
ACCOUNT CODE CE0450 CE00710 CL5821 CC5325	QUANITY or UNITS GO 5.17 16n 110 5KS	PUMP CHARGE MILEAGE TON Mile Surface & Calcium Bentonia	eage shord II (Com: Chlaride tr		UNIT PRICE	
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I acknowledge that the payment terms, unless specifically amended in writing on the front of the account records, at our office, and conditions of service on the back of this form are in effect to

PO Box 884, Chanute, KS 66720

CONSOLIDATED

TILKET NUMBER_

UNIT PRICE

TOTAL

FOREMAN LEMY Richesin

FIEL

D TICKET & TREATMENT REPORT	Jerry yeste

520-431 -921 0 •	or 800-467-8676	j		CEMEN					1 001111277
DATE	CUSTOMER#		NAME & NUM	BER	SE	CTION	TOWNSHIP	RANGE	COUNTY
8/25/15	2626	VOND	YK. 410		10		3	42W	Cheyenne
CUSTOMER EXCEL MAILING ADDR	Drilling			Histon Shift	TR	UCK#	DRIVER Mitheal R	TRUCK#	DRIVER
CITY		ISTATE	ZIP CODE	1 Q 2 N 1 Q 1/2 E N Side		4/	Lance R		
	·				1	3/	CASING SIZE &		R 11-1-
JOB TYPE/0/	mstring	HOLE SIZE L	.74	_HOLE DEPTH	169	1	CASING SIZE &		<u> </u>
CASING DEPTH		DRILL PIPE		_TUBING				OTHER	त्र ।
SLURRY WEIG	нт <u>/4,-2</u>	SLURRY VOL_	1.18	WATER gal/s	k		CEMENT LEFT I	CASING 7-	
DISPLACEMEN	IT 25.20	DISPLACEMEN		MIX PSI			RATE	12 14	
REMARKS: 5	after Meet	NA Ciago	4 up on	Excell	rig	2ρ	Umped !	Dall tha	zugh —
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	ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT
	CE 0451/2		PUMP CHARGE
ļ	CE0002	60	MILEAGE
	C40711 .	4.2 tons	For Mileage
7	CC 5840	1005K5	POZBION 1 A 5050
	CP8484 .	ľ	4/2 AGU Float Shoe
	C 027 53	l l	4 /2 Latch ODWN ASSY
•	CP8553	8	4/2 Slinghole centralizer
	9000		
	·		
•	<u> </u>		
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AUTHORIZTION

I acknowledge that the payment terms, unless specifically amended in writing on the front account records, at our office, and conditions of service on the back of this form are in eff