

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1273492

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 # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
- ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
- ☐ OG ☐ GSW ☐ Temp. Abd.
- ☐ CM (Coal Bed Methane)
- ☐ Cathodic ☐ Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- ☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD
- ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer
- ☐ Commingled Permit #: \_\_\_\_\_
- ☐ Dual Completion Permit #: \_\_\_\_\_
- ☐ SWD Permit #: \_\_\_\_\_
- ☐ ENHR Permit #: \_\_\_\_\_
- ☐ GSW Permit #: \_\_\_\_\_

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

\_\_\_\_\_ Feet from ☐ North / ☐ South Line of Section

\_\_\_\_\_ Feet from ☐ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☐ SE ☐ SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☐ No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West

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: \_\_\_\_\_



1273492

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. 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<br>(Attach Additional Sheets) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name                         | Top                              | Datum                           |
| Cores Taken                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                                  |                                 |
| Electric Log Run                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                                  |                                 |
| List All E. Logs Run:                                |                                                          |                              |                                  |                                 |

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used  |                   |                           |                   |               |                |              |                            |
|---------------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. |                   |                           |                   |               |                |              |                            |
| Purpose of String                                                         | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs. / Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |
|                                                                           |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD |                  |                |              |                            |
|---------------------------------------|------------------|----------------|--------------|----------------------------|
| Purpose:                              | Depth Top Bottom | Type of Cement | # Sacks Used | Type and Percent Additives |
| ____ 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)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No (If No, skip question 3)

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? ☐ Yes ☐ No (If No, fill out Page Three of the ACO-1)

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

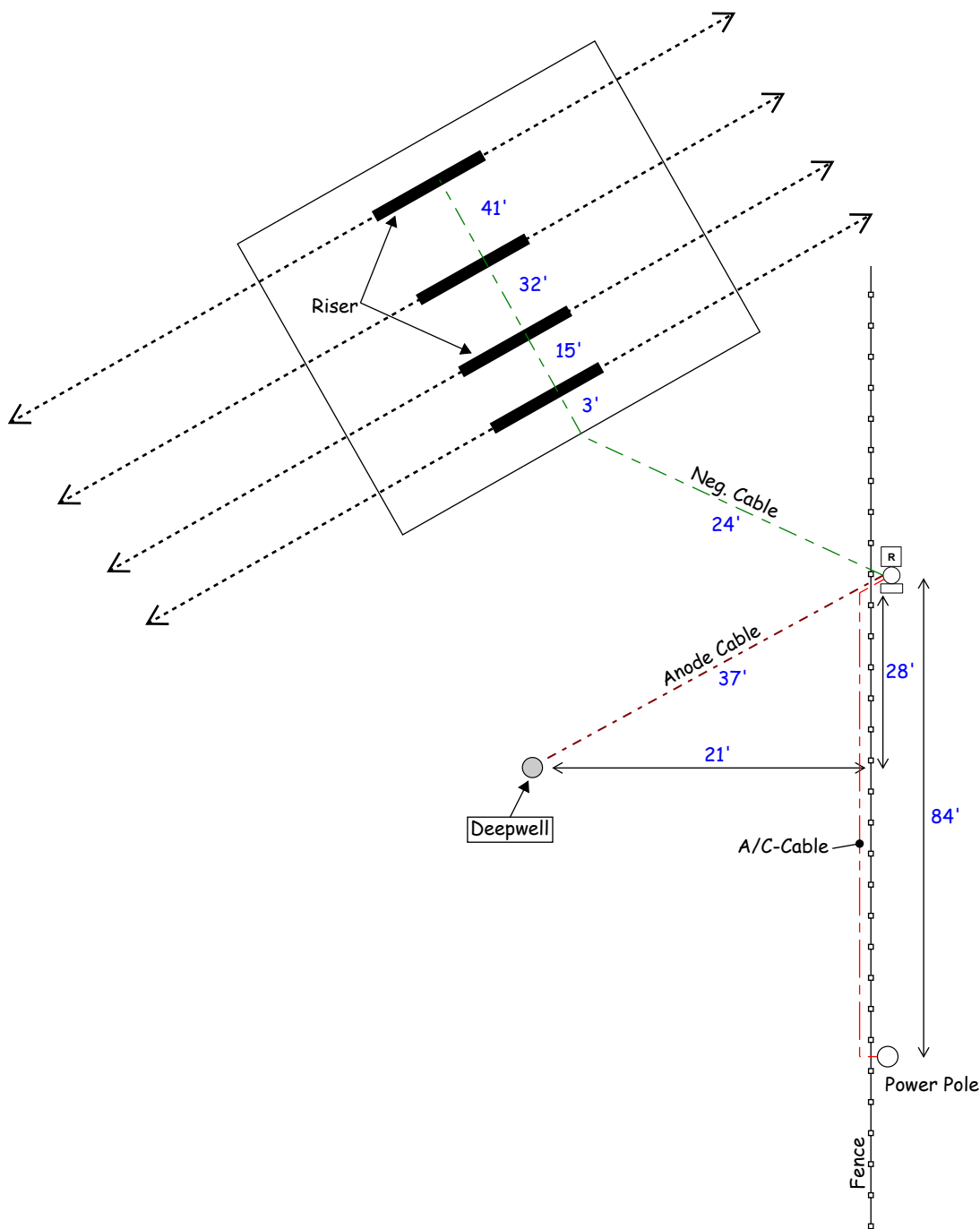
|                                                 |                                                                                                                                                                         |         |             |                                                                     |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|---------------------------------------------------------------------|
| TUBING RECORD:                                  | Size:                                                                                                                                                                   | Set At: | Packer At:  | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or ENHR. | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |         |             |                                                                     |
| Estimated Production Per 24 Hours               | Oil Bbls.                                                                                                                                                               | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity                                               |

|                                                                                                                                                            |                                                                                                                                                                                                                                       |                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| DISPOSITION OF GAS:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br>(If vented, Submit ACO-18.) | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br>(Submit ACO-5) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|

|           |                                   |
|-----------|-----------------------------------|
| Form      | ACO1 - Well Completion            |
| Operator  | Mid-America Pipeline Company, LLC |
| Well Name | L362 1                            |
| Doc ID    | 1273492                           |

#### Tops

| Name              | Top  | Datum |
|-------------------|------|-------|
| Sand              | 0'   | 10'   |
| Clay              | 10'  | 20'   |
| Sandy Clay        | 20'  | 30'   |
| Sand              | 30'  | 90'   |
| Sandy Clay        | 90'  | 110'  |
| Clay              | 110' | 120'  |
| Sandy Clay        | 120' | 140'  |
| Sand              | 140' | 170'  |
| Sandy Clay        | 170' | 180'  |
| Sand              | 180' | 200'  |
| Sandy Clay        | 200' | 250'  |
| Sandy Clay/Gypsum | 250' | 280'  |



PIPELINE  
INTEGRITY  
RESOURCES

**L-362**  
CLARK COUNTY, KS

#### CATHODIC PROTECTION INSTALLATION

Installed for: EPCO (T5EP210)

System: L-362

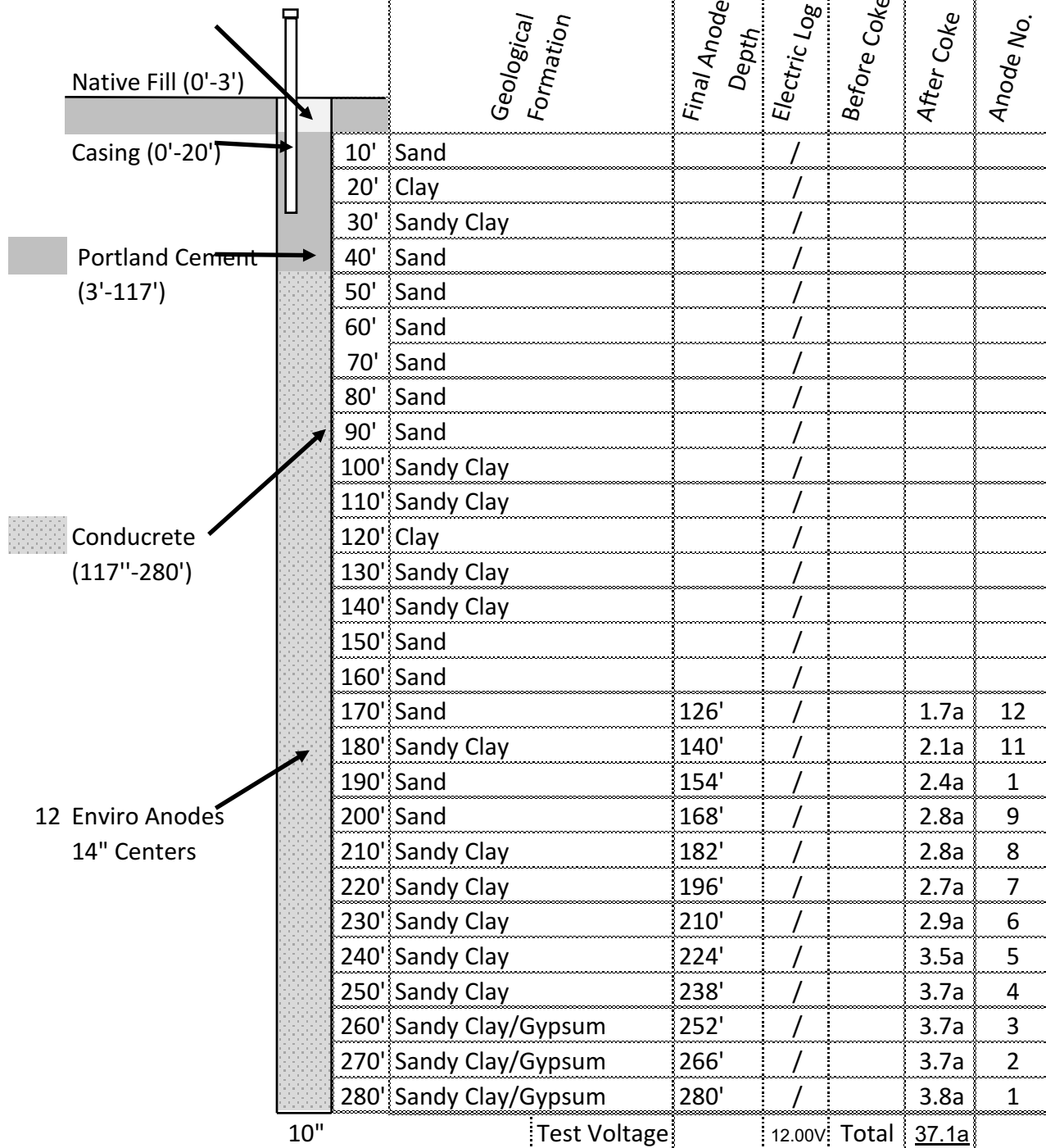
Mile Post:

GPS Loc: 37.120332, -99.98085

Drawn by: D. Robertson

Install Date: 7/10/2015

# CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG



L-362  
Clerk County, Kansas

INSTALLED FOR: Enterprise  
RECTIFIER ID: L-362  
GPS LOC:  
INSTALL DATE: 7/10/15  
JOB NO: T5EP210  
INSPECTOR: Randy Kennedy

## S&amp;B TRANSPORT, LLC

P.O. Box 654

Buffalo, OK 73834

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 7/15/2015 | 15-1911   |

|                                                                     |
|---------------------------------------------------------------------|
| Bill To                                                             |
| PIPELINE INTEGRITY RESOURCES<br>PO BOX 472107<br>TULSA, OK<br>74147 |

Lease, Legal &amp; County

L-362  
CLARK, KS

158210

| Terms | Due Date  |
|-------|-----------|
|       | 7/15/2015 |

| Quantity | Description                                                                                                                | Price Each    | Amount         |
|----------|----------------------------------------------------------------------------------------------------------------------------|---------------|----------------|
| 3        | WORK TICKET #34091 DATE: 7/9/15<br>HAULED 35 BBLS DRILLING FLUIDS TO THE GERMAN, SUCKED OUT OF TANKS ON LOCATION.          | 0.00<br>95.00 | 0.00<br>285.00 |
| 35       | DISPOSAL OF S/W @ GERMAN II DISP                                                                                           | 0.65          | 22.75          |
| 3        | WORK TICKET #34094 DATE: 7/10/15<br>HAULED 40 BBLS DRILLING FLUID FROM TANKS ON LOCATION TO THE GERMAN AND CAUGHT RETURNS. | 0.00<br>95.00 | 0.00<br>285.00 |
| 40       | DISPOSAL OF S/W @ GERMAN II DISP<br>Out-of-state sale, exempt from sales tax                                               | 0.65<br>0.00% | 26.00<br>0.00  |

ENTERED

JUL 29 2015

Initial:     

Thank you for your business.

**Total**

\$618.75

|         |              |        |                     |
|---------|--------------|--------|---------------------|
| Phone # | 580-735-2180 | E-mail | sbtransport@pdi.net |
| Fax #   | 580-735-2185 |        |                     |

\*\*\* A 1.5% INTEREST CHARGE PER 30 DAYS (18% PER ANNUM) WILL BE CHARGED ON PAST DUE INVOICES\*\*\*



# Eslinger Construction and Ready Mix, Inc.

1321 90th Ave.  
Kinsley, Kansas 67547  
620-659-2371 800-281-2371



1014

Ashland

Date 7/10/15

|                                 |                         |            |
|---------------------------------|-------------------------|------------|
| Sold To <u>PIR 6-362</u>        |                         | ID Number  |
| Deliver To <u>Randy Kennedy</u> |                         | Tax Number |
| Mailing Address                 |                         | P.O.#      |
| Truck No. <u>20</u>             | Driver <u>ED 5 4163</u> |            |

| QUANTITY  | MATERIAL             | CODE NUMBER | PRICE | AMOUNT |
|-----------|----------------------|-------------|-------|--------|
| <u>24</u> | <u>2250CR</u>        |             |       |        |
| <u>20</u> | C.C. H.E. H.W.       |             |       |        |
|           |                      |             |       |        |
|           |                      |             |       |        |
|           |                      |             |       |        |
| Time      | on site <u>3:05</u>  |             |       |        |
| Time      | off site <u>3:55</u> |             |       |        |
|           |                      |             |       |        |
|           | DELIVERY CHARGE      |             |       |        |

EXTRA WATER ADDED \_\_\_\_\_ GALLONS  
30 MIN. FREE UNLOADING TIME  
WAITING AND/OR UNLOADING TIME \_\_\_\_\_

|                               |  |
|-------------------------------|--|
| WAITING AND/OR UNLOADING TIME |  |
| SUB-TOTAL                     |  |
| SALES TAX                     |  |
| TOTAL ►                       |  |

**No Credit for  
Returned Concrete**

**"CAUTION"** SKIN AREAS THAT COME IN CONTACT WITH PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING SHOULD BE PROMPTLY WASHED WITH WATER. FAILURE TO DO SO MAY CAUSE SKIN IRRITATION OR BURNS. IF ANY PORTLAND CEMENT OR MIXTURES CONTAINING PORTLAND CEMENT GETS IN THE EYE, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND GET PROMPT MEDICAL ATTENTION.

## UNLOADING

DRIVERS ARE PROHIBITED FROM DELIVERING CONCRETE EXCEPT UNDER THE TRUCK'S OWN POWER, AND WHERE SITE CONDITIONS PERMIT THE SAFE AND PROPER OPERATION OF HIS EQUIPMENT. DRIVERS ARE NOT PERMITTED TO ADD WATER TO THE MIX TO EXCEED THE MAXIMUM SLUMP NOR TO GO BEYOND THE CURB LINE. EXCEPT UPON THE AUTHORIZATION OF THE CUSTOMER AND HIS ACCEPTANCE OF RISK FOR ANY LOSS OR DAMAGE. CLAIMS FOR SHORTAGES WILL NOT BE ALLOWED UNLESS MADE AT TIME OF DELIVERY. STANDING TIME IN EXCESS OF 30 MINUTES CHARGED AT PREVAILING RATE.

(TERMS: 1.5% PER MONTH OR 18% ANNUM NET 10TH PROX.)

White: Office  
Yellow: Statement  
Pink: Customer  
Gold: Batch

BY: \_\_\_\_\_  
CUSTOMER SIGNATURE

**KEEP OUT OF REACH OF CHILDREN**