



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1273603  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_



1273603

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](mailto: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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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)*

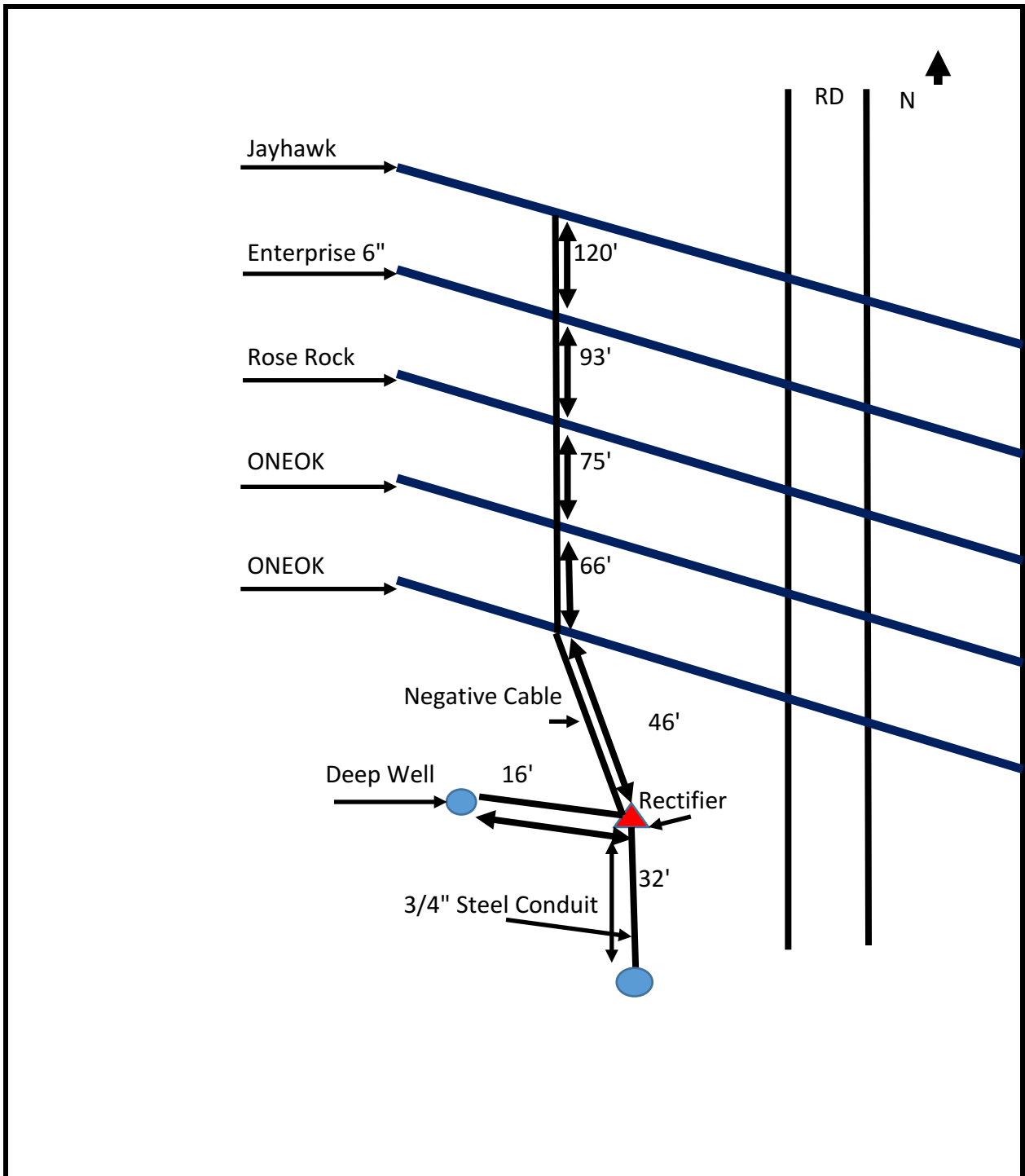
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth


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 Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

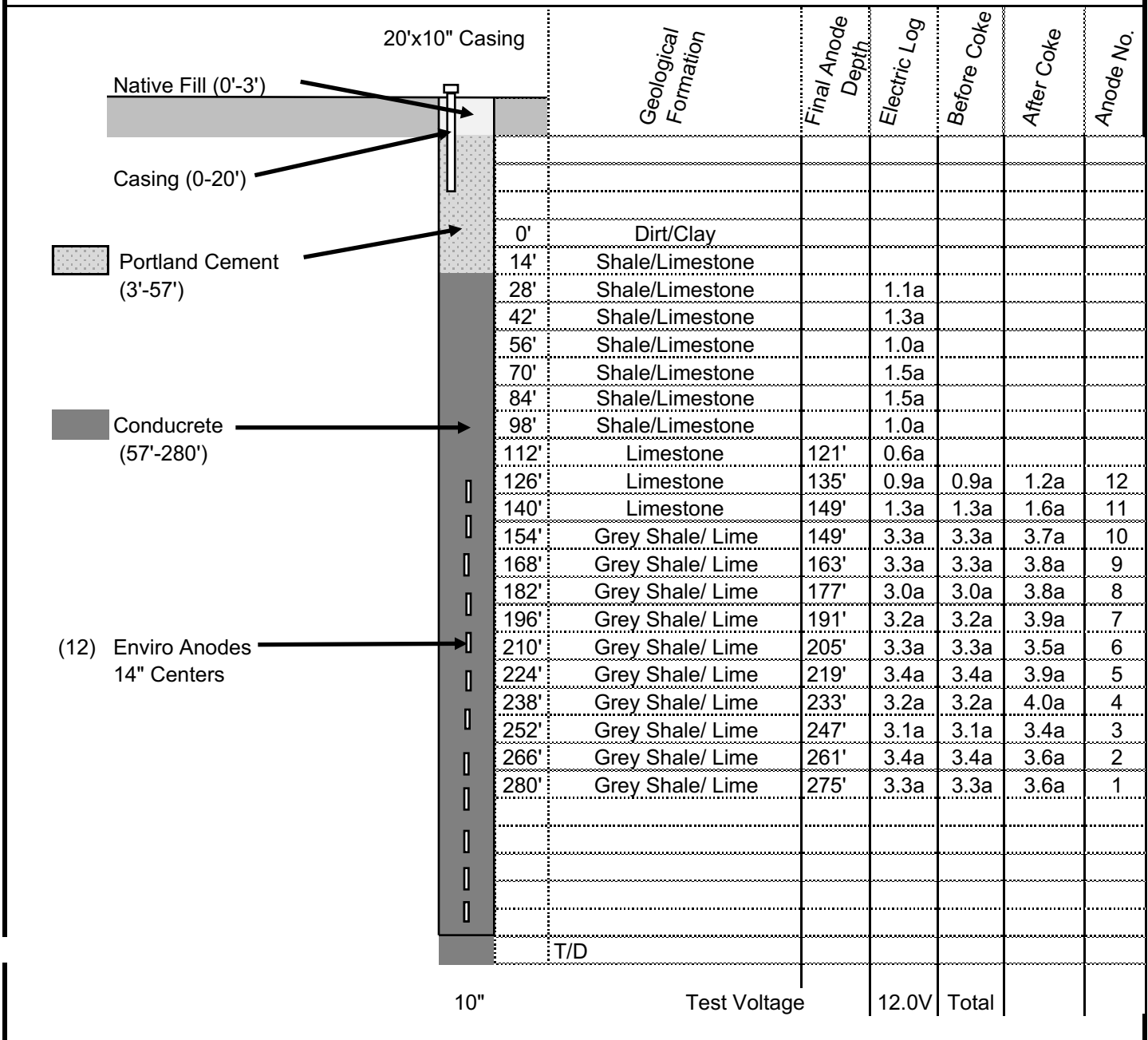
<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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	<p>ELD-58</p> <p>Conway to El Dorado 864</p> <p>DRWAN BY: Dru Robertson McPherson County, Kansas</p>	<p>STALLED FOR: Enterprise</p> <p>RECTIFIER ID: ELD-58</p> <p>GPS LOC:</p> <p>INSTALL DATE: 9/24/15</p> <p>JOB NO: T5EP204</p> <p>INSPECTOR: Rusty Ramage</p>
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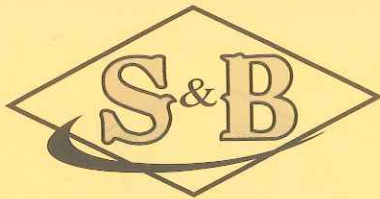


# CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG



 <p><b>PIPELINE INTEGRITY RESOURCES</b></p>	ELD-58	INSTALLED FOR: Enterprise RECTIFIER ID: ELD-58 GPS LOC: 39.545869, -101.053423 INSTALL DATE: 9/24/15 JOB NO: T5EP204 INSPECTOR: Rusty Ramage
	Butler County, KS	

Office Located at  
624 N Hoy  
Buffalo, OK 73834



Phone: 580-735-2180  
Cell: 580-727-5464  
580-727-5465

Mailing Address  
P.O. Box 654  
Buffalo, OK 73834

Fax: 580-735-2185  
sbtransport@pdi.net

# TRANSPORT LLC WORK TICKET

## 29533

CHARGED TO: PLR DATE: 9-25-15  
 LEASE NAME & #: CLD-58 #75EP209 TRUCK#: 03  
 AFE#: \_\_\_\_\_ TRAILER#: 03  
 LEASE ID: \_\_\_\_\_ UNIT SIZE: TP  
 COUNTY/STATE: Butler KS

S/W  F/B  PIT/W  FRESH/W  2%KCL  4% KCL  OTHER \_\_\_\_\_

WORK PERFORMED: Pulled 60 BBLs of  
oil and hauled to disposal  
& wash out trailer

RATE/HR 95<sup>00</sup> HRS WORKED: \_\_\_\_\_ AMOUNT \_\_\_\_\_  
 DISPOSAL FEE: \_\_\_\_\_ BBLs @ \_\_\_\_\_ /BBL \_\_\_\_\_  
 TRUCKING & DISP \_\_\_\_\_ BBLs @ \_\_\_\_\_ /BBL \_\_\_\_\_  
 OTHER CHARGES \_\_\_\_\_

DISP/EW SITE	TICKET #	GAUGES	TOTAL \$ _____
<u>DTP 3452</u>	<u>9111</u>	TG _____	
_____	_____	BG _____	
_____	_____	CUT _____	
_____	_____	TIME _____	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
Start time 5:00 am  
Carls E

DRIVER: \_\_\_\_\_ RECORDED OR APPROVED BY: \_\_\_\_\_  
 DRILLING  CONSTRUCTION  
 PRODUCTION  COMPLETION  
 PRINT NAME: \_\_\_\_\_

Form No. G 770400070



Cell: 580-727-5465  
or 580-735-2185

Fax: 580-735-2185  
sbtransport@pdi.net

# TRANSPORT LLC DISPOSAL TICKET

40111

624 N 73834  
Buffal  
Mailing Address  
P.O. Box 654  
Buffalo, OK 73834

DATE: 9-25-15 TIME: \_\_\_\_\_

BILL TO COMPANY TICKET # 79533

HAULER SFB

TRUCK # 03

OPERATOR P.T.R

LEASE/WELL ID ELD-58

MEMO Had 60 BBLs of Mud  
to disposal & wash out  
Trailer

DRIVER SIGNATURE: [Signature]

PRINT NAME: Coates



TS EP 204 ELD-58

49  
9616  
22-8454

TICKET TIME	DATE	ORDER #	TRUCK	DRIVER	TIME DUE	TICKET #
10:00AM	09/28/15	54	0586	MATT	10:43AM	4007475

CUSTOMERS INFO DELIVERY ADDRESS INSTRUCTIONS BETWEEN PARALLEL & N.W. 10TH

CASH SALE  
DELIVERY ADDRESS  
TAWAKONI - BUTLER CO.

PURCHASE ORDER	PROJECT #	PROJECT DESC.	MAP PAGE	PREV TRUCK #	SLUMP	USAGE
DREW 405-2	1004	EASTERN KANSAS VARIO			8.00	
LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
1.50yd	JY2500	SLURRY WELL MIX	1.50	1.50		255.00
1.00ea	FS	FUEL SURCHARGE				15.00
		SMALL LOAD CHARGE				100.00

LEAVE PLANT	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT	SUBTOTAL
1011	1036	1038	1044		370.00
					TAX 24.98
					TOTAL 394.98
				OUT SIDE TEMP.	OTHER CHARGES
					ADDITIONAL TAX
					GRAND TOTAL 394.98

**CAUTION:** FRESHLY MIXED CONCRETE MAY CAUSE SKIN IRRITATION OR CHEMICAL BURNS.  
 AVOID CONTACT WITH SKIN WHERE POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER. IF ANY CONCRETE MIXTURES GET INTO EYES, RINSE IMMEDIATELY AND REPEATEDLY WITH WATER AND GET PROMPT MEDICAL ATTENTION.  
**KEEP OUT OF REACH OF CHILDREN • SEE REVERSE SIDE FOR MSDS SHEET**

**NOTICE:** EXCESSIVE UNLOADING TIME  
 • A HOLDING CHARGE OF \$1.25 PER MINUTE WILL BE INCLUDED FOR EACH TRUCK HELD ON THE JOB SITE FOR MORE THAN 45 MINUTES.  
 • IN CONSIDERATION OF OUR MAKING DELIVERY ACROSS THE STREET CURB, AT YOUR REQUEST, CUSTOMER AGREES TO BE RESPONSIBLE FOR ALL DAMAGE DONE TO SIDEWALKS, DRIVEWAYS, BUILDINGS, GROUNDS, ETC. CUSTOMER ACKNOWLEDGES RECEIPT OF THE ABOVE MATERIALS IN APPROVED CONDITION.

**IMPORTANT:** PURCHASER ASSUMES FULL RESPONSIBILITY FOR STRENGTH, SLUMP AND QUALITY OF CONCRETE WHEN WATER OR OTHER MATERIALS ARE ADDED ON THE JOB SITE AT THE REQUEST OF THE CUSTOMER.

ACCEPTED BY: *[Signature]*  
 PURCHASER'S SIGNATURE, HIS AGENT, OR HIS EMPLOYEE'S SIGNATURE CONSTITUTES AN AGREEMENT WITH THE ABOVE TERMS AND CONDITIONS.

WATER ADDED ON JOB AT REQUEST OF CONSIGNEE	GALS. WATER	GALS. WATER	GALS. WATER
	0		
TEST TAKEN	INT.	INT.	
	MR		
	SLUMP / AIR / CYLS.	PER ASTM SPECS.	YES / NO

DRIVER REMARKS: \_\_\_\_\_  
 400042535