

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1273218

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
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:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion 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:
<u> </u>	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 II Approved by: Date:					

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Operator Name:				Lease Name	e:			Well #:	
Sec Twp	S. R	East	West	County:					
INSTRUCTIONS: Showing and flow rates if gas to	ng and shut-	in pressures, whe	ether shut-in pre	ssure reached	static I	evel, hydrosta	tic pressures, bot		
Final Radioactivity Log, files must be submitted						s must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	heets)	Y	′es		_ Log	g Formatio	n (Top), Depth ar		Sample
Samples Sent to Geolo	gical Surve	y 🗌 Y	es No	r	Name			Тор	Datum
TCores aken Electric Log Run Geologist Report List All E. Logs Run:		Y	res No res No res No						
LIST All L. LOGS Hull.									
		Rep	CASING ort all strings set-c	RECORD	New , intern	Used	on, etc.		
Purpose of String	Size F		ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	Dillie	50 56	st (III O.D.)	LDS. / Tt.		Бериі	Cement	Oseu	Additives
		<u> </u>	ADDITIONAL	CEMENTING /	SQUE	EZE RECORD	ı		
Purpose:	Dep	oth Type	e of Cement	# Sacks Used			Type and F	Percent Additives	
Perforate	Тор Во	ottom		" Guone Goo	7,72				
Protect Casing Plug Back TD									
Plug Off Zone									
4 Did a of a body		- 44 41-:					□ N= //€N= =/-	i	4.0)
 Did you perform a hydra Does the volume of the 		_		t exceed 350,000	gallons	Yes Yes	= ' '	ip questions 2 and ip question 3)	u 3)
3. Was the hydraulic fractu		-	_		-	Yes	=	out Page Three o	of the ACO-1)
Date of first Production/In	iection or Res	sumed Production/	Producing Meth	nod:					
Injection:	,		Flowing	Pumping	Ga	as Lift C	ther (Explain)		
Estimated Production Per 24 Hours	(Oil Bbls.	Gas	Mcf	Water	Bł	ols. (Gas-Oil Ratio	Gravity
DISPOSITION	N OF GAS:		N	METHOD OF COM	//PLETI	ON:		PRODUCTIO	
Vented Sold	Used o	n Lease	Open Hole		ually C		nmingled	Тор	Bottom
(If vented, Subn	nit ACO-18.)			(St	ubmit A	CO-5) (Subi	mit ACO-4)		
	rforation	Perforation	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Cer		Record
Foot	Тор	Bottom	Туре	Set At			(Amount and Kind	of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Citation Oil & Gas Corp.				
Well Name	HITZ F 4				
Doc ID	1273218				

Casing

Purpose Of String	Size Casing Set	Weight	Type Of Cement	Type and Percent Additives