

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1276772

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: _____

Form	ACO1 - Well Completion
Operator	Wilson County Holdings LLC
Well Name	Fortner 1-C
Doc ID	1276772

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	8.5	6	24.5	40	portland	12	15ppg

PURCHASE ORDER # 152466



****Sections shaded are assigned by Purchasing**

WILSON COUNTY

HOLDINGS Quotation / Order#:

Ext. #/Department: _____

	Vendor ID: CL0001
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Suggested Vendor:	Name: CLEAVERS FARM AND HOME	AFE/Cost Code:	AFE FR-016
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Vendor:	Address: 2103 S. SANTA FE	G/L Code:
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	CHANDLER, RS 00720	G/L Description:
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Phone: 620.431.6070	Fax:	Terms:	Net 30 Invoice
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Email:nick.whitworth@cleaverfarm.com Contact: NICK WHITWORTH		Ship Via:	Best Available Way
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Justification:	FORMATION REPAIR AND CASING INSTALLATION
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Justification:	FORMATION REPAIR AND CASING INSTALLATION	Ship to:	Fredonia Facility
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		1135 N. 15th Street Fredonia, KS 66736
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		Bill to: Wilson County Holdings
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907 North Poplar Drive, Suite 235
Casper, Wyoming 82601

wchbilling@stranded-oil.com

[illegible]

Notes:

Sub-Total	\$	3,210.00
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	Plus Tax of	6.50%	\$	208.65
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	Total	\$ 3,418.65
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Authorized by:

Authorized by: BUYER / BRECK ADAY

Authorized by. _____
Signature

Authorized by: _____ BUTER / BRECK AL
Signature _____ Title / Printed Name _____

Authorized by: _____ BUTER / BRECK ADAM

Signature	Title / Printed Name	Date

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 14, 2016

Forrest Sutherland
Wilson County Holdings LLC
1135 N. 15TH ST.
FREDONIA, KS 66736

Re: ACO-1
API 15-205-28060-00-00
Fortner 1-C
NE/4 Sec.12-29S-14E
Wilson County, Kansas

Dear Forrest Sutherland:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/20/2012 and the ACO-1 was received on January 14, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department