KOLAR Document ID: 1283515

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Name:	
rano.	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City:	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.xxxxxx)
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:
	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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commission of the Commission o	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 haid disposal if fludied offsite.
GSW Permit #:	Operator Name:
	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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Page Two

Operator Name:					Lease Nam	ne: Well #:									
Sec Tw	pS	S. R	Eas	t West	County:										
	l, flowing an	d shut-in press	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,					
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log					
Drill Stem Tests (Attach Addit	Taken tional Sheets)			Yes No		☐ Lo		n (Top), Depth a		Sample					
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum					
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Logs	S		Yes No Yes No Yes No											
			Rep	CASING	RECORD [New		on, etc.							
Purpose of St	tring	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives					
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		<u>'</u>						
Purpose: Perforate		Depth Top Bottom	Тур	e of Cement	# Sacks Use	ed Type and Percent Additives									
Protect Ca															
Plug Off Z															
Did you perform Does the volume Was the hydraul	e of the total I	base fluid of the	hydraulic f	racturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three						
Date of first Produ Injection:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>							
Estimated Production Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity					
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ΓΙΟΝ:			ON INTERVAL:					
Vented		Used on Lease		Open Hole		Dually (Submit A		nmingled	Тор	Bottom					
,	ed, Submit AC							·							
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)						
TUBING RECORI	D: S	ize:	Set At	:	Packer At:										

Form	ACO1 - Well Completion
Operator	Elmore, John A. or Patricia R.
Well Name	Berlin 32
Doc ID	1283515

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9.25	7	20	40	portland	10	none
Production	5.625	2.5	4	1050	portland	130	2% gel

STATEMENT

New Well

ELMORE'S INC.

Box 87 - 776 HWY99 Sedan, KS 67361

Date 1-2-16

Cell: (620) 249-2519 Eve: (620) 725-5538

			5						-	130	83	83	W	W	Qty.	City	Customer Address_
	4			ž.	130	ted 1050	Computed Longston 2/2	Rento 32 12-29-1	Bank Clark	Sk Coment	Sk Gel 1	har Comen't hamis	har Vac Frank	La Palling Unit	Description	State	ner John Elmone
	ā					7		- B	85,00	1200	16,00	110,00	85,00	120,00	Price	Zip	
		4						2512 00	00 58	1560,00	32, 00	220,00	255,00	360,00	Amount		

Thank You - We appreciate your business!

Rec'd. by

percentage rate of 18% will be charged to accounts after 30 days. TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual

STATEMENT

288

ELMORE'S INC.

<u>ト</u>2036

Box 87 - 776 HWY99 Sedan, KS 67361

Date

Cell: (620) 249-2519

Address

State

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										401	10	_		Qty.
The I W. W.			41	4	2	3" Cosina With 10 SKS Come	Commented Surface 40'	17-23-15		17	SKS Coment	as Coment Dump	he Vac True k	Description
						Emos.		柳	to	5,00	12,00	11000	85.00	Price
									515,	200,	120,00	110,00	,58	Amount
									00	0	0	0	00	롸

Thank You - We appreciate your business!

Rec'd. by

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