

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**

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 <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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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McCOY'S WELL SERVICE

P.O. Box 93

316-583-7063

Eureka, KS 67045

316-583-4044

Date 2-5-16

Name Running Fox Petro

Amount & Kind 2 7/8" Pipe

Lease Graves

Well # 8-32 Cini

	Feet	10ths	Feet	10ths	Feet	10ths	Feet	10ths	Feet	10ths	Feet	10ths
1	31	4	32	6								
2	31	75	29	9								
3	31	7	31	3								
4	31	3	30	6								
5	31	-	29	-	← dont use							
6	28	1	30	9	← 184.3							
7	31	1	32	6	← Dont use							
8	32	9	31	4								
9	31	3	32	5								
10	31	15	31	4	↓ - Dont use							
11	31	45										
12	31	5										
13	31	5										
14	31	65										
15	31	1										
Total	248	9										

Pipe tally 654.6

Column 1	
Column 2	
Column 3	
Column 4	
Column 5	
Total	

McCOY'S WELL SERVICE

P.O. Box 93

316-583-7063

Eureka, KS 67045

316-583-4044

Date 2-5-16

Name Running Fox Petro

Amount & Kind 2 7/8" Pipe

Lease Groves

Well # 8-32 Cini

	Feet	10ths	Feet	10ths	Feet	10ths	Feet	10ths	Feet	10ths	Feet	10ths
1	31	4	32	6								
2	31	75	29	9								
3	31	7	31	3								
4	31	3	36	6								
5	31	-	29	-	← dont use							
6	28	1	30	9	← 184.3							
7	31	1	32	6	← dont use							
8	32	9	31	4								
9	31	3	32	5								
10	31	15	31	4	↓ - dont use							
11	31	45										
12	31	5										
13	31	5										
14	31	65										
15	31	1										
Total	168	9										

Pipe tally 654.6'

Column 1	
Column 2	
Column 3	
Column 4	
Column 5	
Total	



Cement, Acid, or Tools
 Service Ticket
 Ticket # _____
 Date: 2/23/2016

CHARGE TO:

ADDRESS: _____ 1690 155th St CITY_ Ft Scott _____ STATE_ Ks_ ZIP_ 66701 _____
 LEASE & WELL NO.: _____ Groves 8-32C INJ CONTRACTOR_ Running Foxes Petroleum
 KIND OF JOB: _____ Long String SEC. _32_ TWP. _27S_ RNG. _____ 22E _____
 API# 15-037-22330

Quantity	Material Used	Serv. Charge
104 Sx	PORTLAND CEMENT	
14 Bbl	FRESH WATER	
1	2 7/8 RUBBER LANDING PLUG	
1	PUMP CHARGE	
1	BULK CHARGE	
34	BULK TRK. MILES	
34	PUMP TRK MILES	
	WATER TRK HRS	
1	2,000# VALVE	
		SALES TAX
		TOTAL

T.D. _____ 671 _____ CSG SET AT _____ 655' _____ VOLUME _____
 SIZE HOLE _____ 5 7/8 _____ Open Hole _____ VOLUME _____
 MAX PRESS. _____ 2000 _____ PIPE SIZE _____ 2.875" _____
 PLUG DEPTH _____ _____ PKER DEPTH _____ _____
 _____ Cement Wt. 16.2# _____

REMARKS:

EQUIPMENT USED

NAME:	UNIT NO.#	NAME:	UNIT #
Robert	Pump Truck	Jason	Support Truck
Mike	Bulk Truck	Carl	Support Truck

Tunesco Rep Signature

Owners Rep Signature