



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1302039
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
-----------------------------------	-----------------	---

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: _____

1302039

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Murray Twins 1-I

Start 5-5-16

Finish 5-10-16

6	soil	6	
24	clay/gravel	30	
58	shale	88	
14	lime	102	
24	shale	126	
41	lime	167	
96	shale	263	
10	lime	273	
9	shale	282	
55	lime	337	
28	shale	365	
11	lime	376	
34	shale	410	
89	lime	499	
9	shale	508	
18	lime	526	
5	shale	531	
26	lime	557	
164	shale	721	
29	lime	750	
59	shale	809	
30	lime	839	
24	shale	863	
7	lime	870	
15	shale	885	
8	lime	893	
8	shale	901	
4	lime	905	
38	shale	943	
10	oil sand	953	good show
2	Dk sand	955	show
26	shale	981	T.D.

set 40' of 7"
 ran 975.1' of 2 7/8
 cemented to surface
 110 sxs total

GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
INVOICE
PLEASE PRINT TO VERIFY ITEMS
ON ALL CREDIT PURCHASES

Page: 1

Invoice: 10235739

Serial :
Description :
Sales rep : MIRE
Sales To: ROGER KENT
25982 NE HICSHO RD
GARNETT, KS 66623
Customer #: 0000057

Buy Date: 04/04/15
Invoice Date: 04/04/15
Ship Date: 05/08/15

Buy To: ROGER KENT
(29) 448-8996 NOT FOR HOUSE USE
(785) 448-8996

Customer PO: Order No:

ORDER#	SHIP	L	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
18 00	18 00 P	PL	CRAP	MONARCH-PALLET	18.0000 m	11.4900	206.80	
540 00	540 00 P	BA0	CPYC	PORTLAND CEMENT 94#	11.4900 94#	11.4900	131.40	
ORDERED BY: GARDNER, DAVE DATE ORDERED: 04/02/15 ORDERED BY: ANDERSON COUNTY ADDRESS: WILSON-COMPLETES SERVICE CENTER TAXABLE: 0.0000 NON-TAXABLE: 0.0000 TAX #						Sales Total	\$1482.80	
						TOTAL	\$7012.81	

3 - Statement Copy



GARNETT TRUE VALUE HOMECENTER

410 N Maple
Garnett, KS 66032
(785) 448-7106 FAX (785) 448-7135

Statement Copy
CREDIT INVOICE
PLEASE PRINT TO VERIFY ITEMS
ON ALL CREDIT PURCHASES

Page: 1

Invoice: 10235740

Serial :
Description :
Sales rep : MIRE
Sales To: ROGER KENT
25982 NE HICSHO RD
GARNETT, KS 66623
Customer #: 0000057

Buy Date: 04/04/15
Invoice Date: 04/04/15
Ship Date: 05/08/15

Buy To: ROGER KENT
(29) 448-8996 NOT FOR HOUSE USE
(785) 448-8996

Customer PO: Order No:

ORDER#	SHIP	L	UM	ITEM#	DESCRIPTION	AM	PRICE	EXTENSION
-21 00	-21 00 P	PL	CRAP	MONARCH-PALLET	18.0000 m	11.4900	-206.80	
ORDERED BY: GARDNER, DAVE DATE ORDERED: 04/02/15 ORDERED BY: ANDERSON COUNTY ADDRESS: WILSON-COMPLETES SERVICE CENTER TAXABLE: -126.00 NON-TAXABLE: 0.0000 TAX #						Sales Total	\$-326.80	
						TOTAL	\$-365.88	

3 - Statement Copy

