



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1303370
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
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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: _____

1303370

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
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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				

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
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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: _____ _____
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Contractor: **DMJ OIL**

License # **7160**

County: Allen

Sec: Twp Range

Location: 990 - 2nd

Location: 165 FWC

Spot: W9-SW-NW-NW

Company: Blind segment

Farm: Barwick

Well No: #3

API: 15-cct-31416

Surface Pipe: 20ft

Started 11-18-15



19.7

Top	Bottom	Thickness	Formation	Remarks	Pipe Tally	Ft.	Depth
0	2	2	Top soil			51.5	X
2	23	23	Lime		#2Collar	28.5	X
23	53	53	Shale			111.8	X
53	65	65	Lime			143.5	X
68	100	100	Shale			175.1	X
100	268	268	Lime			205	X
268	397	397	Shale			235.8	X
397	400	400	Lime			266.5	X
400	442	442	Shale			298.1	X
442	525	525	Lime			329.8	X
525	561	561	Shale			361.7	X
561	599	599	Lime			393.4	X
599	616	616	Shale			424.9	X
616	624	624	Lime			456.8	X
624	629	629	Shale			489.1	X
629	629	629	Lime			520.5	X
629	699	699	Shale			551.9	X
699	702	702	Lime			583.4	X
702	823	823	Shale			615.1	X
823	827	827	Lime			646.8	X
827	857	857	Shale			677.6	X
857	874	874	Lime			709.5	X
874	858	858	Shale			740.6	X
858	858	858	Lime			771.7	X
858	885	885	Shale			803	X
885	834.6	834.6	Lime			834.6	X
834.6	865.5	865.5	Shale			865.5	X
865.5	896.2	896.2	Lime			896.2	X
896.2	927.8	927.8	Shale			927.8	X
927.8	959.2	959.2	Lime			959.2	X
959.2	990.1	990.1	Shale			990.1	X
990.1	1021.3	1021.3	Lime			1021.3	X
1021.3	1052.5	1052.5	Shale			1052.5	X
1052.5	1083.8	1083.8	Lime			1083.8	X
1083.8	1114.8	1114.8	Shale			1114.8	X
1114.8	1144.9	1144.9	Lime			1144.9	X
1144.9	1208.5	1208.5	Shale			1208.5	X

885 T.D.

Order in Shale

Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
11/18/2015	50893

Cement Treatment Report

DMJ
1776 Georgia Road
Humboldt, KS 66748
Blind Squirrel Oil

(x) Landed Plug on Bottom at 900 PSI
 () Shut in Pressure psi
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set float shoe
 TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 885

48-1103536	Terms	Due Date
Allen	Net 15 days	11/18/2015

Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount
Run and cement in 2 7/8" Sales Tax	876	2.75	2,409.00 0.00

11.5.15
Dale Daniels #3
Allen County
Section:
Township:
Range:

Hooked onto 2 7/8" casing. Established circulation with 3.5 barrels of water, 2 GEL, METSO. COTTONSEED ahead, blended 87 sacks of 2% cement, dropped rubber plug, and pumped 5.1 barrels of water

Total	\$2,409.00
Payments/Credits	\$0.00
Balance Due	\$2,409.00

Phone #	E-mail
620-431-9212	rustypickle@hotmail.com