

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1303371

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)		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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	Burbach/Schmitt Unit 1-4 CR
Doc ID	1303371

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	12.25	8.625	23	218	common	150	60/40 poz

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 1447

Cell 785-324-1041

Date <u>11-8-15</u>	Sec. <u>4</u>	Twp. <u>13</u>	Range <u>25</u>	County <u>Trego</u>	State <u>KS</u>	On Location	Finish <u>11:30PM</u>
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Location Collyer KS, 5 S, En 2

Lease <u>Burbach Schmitt Unit</u>	Well No. <u>1-4</u>	Owner
Contractor <u>Murfin 16</u>		To Quality Oilwell Cementing, Inc.
Type Job <u>Plug</u>		You are hereby requested to rent cementing equipment and furnish
Hole Size <u>7 7/8</u>	T.D. <u>4541</u>	charge To <u>Phillips Exp.</u>
Csg.	Depth	Street
Tbg. Size	Depth	City
Tool	Depth	State
Cement Left in Csg.	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.
Meas Line	Displace	Cement Amount Ordered <u>225sx 60/40, 4% gel</u>

EQUIPMENT

Pumptrk <u>20</u>	No.	Cementer	Common <u>135</u>
		Helper <u>Billy</u>	Poz. Mix <u>90</u>
Bulktrk <u>14</u>	No.	Driver	Gel. <u>8</u>
		Driver <u>Doug</u>	Calcium
Bulktrk <u>P4</u>	No.	Driver	
		Driver <u>Travis</u>	

JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal <u>56</u>
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<u>50 sx at 2095</u>	Sand
<u>100 sx at 1140</u>	Handling <u>233</u>
<u>50 sx at 270</u>	Mileage

FLOAT EQUIPMENT

<u>10 sx at 40 with wood plug</u>	Guide Shoe
<u>30 sx Rat</u>	Centralizer
<u>15 sx Mouse</u>	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	<u>1 wood plug</u>
	Pumptrk Charge <u>plug</u>
	Mileage <u>42</u>

X Signature Ray L. L. L.

Tax
Discount
Total Charge

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1649

Date	11-2-15	Sec.	4	Twp.	13	Range	25	County	Trego	State	Ks	On Location		Finish	12:15 pm
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Burbach-Schmitt unit								Location - Colliger, Ks - I-70, S S															
Lease								Well No. 1-4 CR								Owner EIS							

Contractor Murfin								To Quality Oilwell Cementing, Inc.							
Type Job Surface								You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							

Hole Size 12 1/4"								T.D. 220'								Charge To Phillips Exploration							
Csg. 8 5/8"								Depth 218'								Street							

Tbg. Size								Depth								City								State							
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Tool								Depth								The above was done to satisfaction and supervision of owner agent or contractor.							
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Cement Left in Csg. 15'								Shoe Joint 15'								Cement Amount Ordered 150 @ 80/20 3% CC							
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Meas Line								Displace 12 3/4 BLS								2 1/6 Gel							
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EQUIPMENT															
Pumptrk 20 No. Cementer Travis								Common 120							
Bulktrk 21 No. Driver Doug								Poz. Mix 30							
Bulktrk PH No. Driver Rick								Gel. 3							
								Calcium 6							

JOB SERVICES & REMARKS															
Remarks: Cement did Circulate								Hulls							

Rat Hole								Salt							
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Mouse Hole								Flowseal							
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Centralizers								Kol-Seal							
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Baskets								Mud CLR 48							
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D/V or Port Collar								CFL-117 or CD110 CAF 38							
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								Sand							
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								Handling 159							
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								Mileage							
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FLOAT EQUIPMENT															
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								Guide Shoe							
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								Centralizer							
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								Baskets							
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								AFU Inserts							
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								Float Shoe							
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								Latch Down							
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								Pumptrk Charge Surface							
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								Mileage 42							
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								Tax							
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								Discount							
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								Total Charge							
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X Signature [Signature]															
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