



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1304805
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: _____

1304805

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: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PETROSANTANDER (USA) INC.

WELL NAME:	PAULS 9-7	AFE#:	
REPORTED BY:	AUREL DANCIU	OPERATIONS DATE:	JUNE, 18,19,20,23,24 2014
OBJECTIVE:	CONVER TO INJECTOR	REPORT DAY:	1,2,3,4,5
RTD:	4900'	CSG. SIZE:	5 1/2"
PBTD:	4868'	TBG. SIZE:	2 7/8"
PERFS:	4798' - 4812'	FORMATION:	MORROW

24 HOUR SUMMARY:

06/18/14	MIRU PSI RIG 1	UNANSEMBLED DRIVEHEAD AND SET ASSIDE
	TOH LAYING DOWN 178 X 1" RODS AND ROTOR - ROTOR LOOKED GOOD	
	UNSET TAC AND TOH WITH 149 X 2 7/8 JTS OF TBG,STATOR AND PMA - STATOR LOOKS GOOD	
	TIH W/ 5 1/2 X 2/38 PKR, XO, 151JTS OF 2 7/8 TBG AND TAGGED AT 4813', COULDN'T GET TROUGHT - 55' OF FILL	
	PULLED 1 JT AND SET PKR ABOVE PERFORATIONS - @4764'	
	TOOK 46BBLS TO LOAD CSG - PRESSURE TESTED TO 500PSI - HELD FOR 20MIN - RELEASED PRESSURE	
	TOH W/ 60 JTS X 2 7/8 TBG. SDON	
6/19/2014	TOH W/ REST OF THE TBG AND PKR	
	TIH W/ HYDROSTATIC BAILER AND 2 7/8 TBG AND CLEANED TO BOTTOM , TAGGED HARD @ 4868'	
	TOH W/ HYDROSTATIC BAILER AND 2 7/8 TBG	
	MIRU WEATHERFORD WIRELINE, PACK OFF WELL	
	RUN IN HOLE W/ 14' GUN X 4SPF - FLUID GOING IN @ 1550' FAP - TAGGED BOTTOM 4867'	
	SHUT PERFORATIONS 4798' - 4812' ,LOGG TROUGHT PERF - OK, FLUID COMING OUT @ 1550' FAP	
	RIG DOWN WEATHERFORD. SDON	
6/20/2014	TIH W/ 5 1/2 X 2 3/8 PKR, XO, SN AND 149JTS , SET PKR @ 4738' - 60 ABOVE TOP PERF	
	MIRU HEATWAVES W/ 2000GAL 15%HCL, DBL INHIB, FE CONTROL, SURF AND 60 BBLS FRESH WATER 2% KCL	
	PRESS TEST LINES, LOADED TBG W/ 21 BBLS 2%KCL, PUMPED INTO WELL 5 BBLS 2%KCL	
	STARTED TO PUMP ACID 4BPM@ 1200PSI , AFTER 10BBLS RELEASED THE BALL SEALERS	
	PUMPED THE REST OF THE ACID (2000GAL TOTAL) AT 6BPM @ 1250 - 1450PSI - MEDIUM BALL ACTION	
	FLUSHED W/ 34BBLS 2% KCL	
	ISIP 400PSI 5MIN VACUUM	
	LEFT IT SOAK FOR 2 HOURS AND SWABED BACK 52BBLS.SDON	
6/23/2014	SWABED BACK ANOTHER 78BBLS, TOTAL SWABED 130BBLS	
	UNSET PKR , CHECKED TD = CLEAN , SINGLE OUT 2 7/8 TBG. SDON	
6/24/2014		
	TIH W/ 5 1/2 X 2 3/8 AS1 NI COATED PKR W/ 2' TAIL PIPE	7.5'
	144 JTS 2 3/8 TK 70 TBG	4729.3'
	TOTAL LENGTH AT KB	4736.8'
	TBG SET 14' BELOW KB	4750.8'
	PUMPED 75BBLS OF PKR FLUID - DIDN'T CIRCULATE	
	SET THE PKR IN TENSION 20' OVER AND FILLED UP CSG W/ PKR FLUID	
	PRESSURED UP TO 500 PSI - HELD FOR 30 MIN - BLEED PRESS DOWN TO 350PSI	
	WILL MIT WELL ASAP	
	JOB COMPLETED	

DAILY COST SUMMARY:

VENDOR	SERVICE	COST	
PSI RIG 1	SERVICE UNIT		
SAM'S	PKR&BAILER		
HEATWAVES	ACID&PUMP TRUCK		
WEATHERFORD	PERFORATE		
SUNRISE	NEW 2 3/8 TK 70 TBG		
			DAILY COST:
			PREVIOUS COST:
			COST TO DATE: