



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1304994
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: _____

1304994

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 <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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PETROSANTANDER (USA) INC.

WELL NAME:	BULGER 7-13	AFE#:	
REPORTED BY:	CARLOS A LOPEZ	OPERATIONS DATE:	NOVEMBER,4,5,6,7,10,11 2014
OBJECTIVE:	CONVERT AS INJECTOR	REPORT DAY:	1,2,3,4,5,6
RTD:	4900'	CSG. SIZE:	5 1/2"
PBTD:	4844'	TBG. SIZE	2 7/8"
PERFS:	4757' - 74' 4852' - 63' 8SPF	FORMATION:	MORROW/ST LOUIS

24 HOUR SUMMARY:

11/04/14 MIRU PSI RIG 2 MOVED WORK STRING,BOP AND DUG A WORK PIT SDON

11/5/2014 UNHUNG BEAM AND UN SEAT PUMP TOH WITH RODS AND PUMP RU BOP TOH WITH TBG,SN AND PMA TIH WITH TBG BAILER AND 4 7/8" DRILL BIT LEFT IT HANGING @ 4700' SDON

11/6/2014 TIH WITH REST OF TBG TAGGED @ 4840' MIRU E.COLORADO START DRILLING DRILL OUT TO 4885' TOH WITH 10 JTS RDMO E.COLORADO SDON

11/7/2014 TIH WITH TBG TAGGED @ 4885' TOH WITH TBG,BAILER AND BIT MIRU PIONEER WIRE LINE AND PERFORATE @ 4852' - 63' ST LOUIS RDMO PIONNER WIRE LINE TIH WITH TBG AND PKR SET PKR @ 4791' RU SWAB TOOLS START SWABING FOUND FL @ 1650' = 3202' FAP

1 HR	4 RUNS	4700' = 152' FAP	14.04 BBL	ALL WATER
2 HR	4 RUNS	4700' = 152' FAP	2.34 BBL	ALL WATER
16.38 TOTAL BBL RECOVER SDON				

11/10/2014 FOUND 5# ON TBG RELEASED PRESSURE START SWABING FOUND FL @ 1500' = 3352' FAP

1 HR	5 RUNS	4500' = 352' FAP	24.36 BBL	TRACE OF OIL
MIRU HEAT WAVES WITH 12 BBL OF DIESEL,21 BBL OF 15% MCA,50 BBL OF 2% KCL FLUSH AND 120 BALLS PUMP THE DIESEL WAITED 1/2 HR START ACID JOB BROKE @ 1250# RATE 4.5 BPM @ 350# ISIP VACUME RDMO HEAT WAVES WAITED 1 HR START SWABING FOUND FL @ 700' = 4152' FAP				
1 HR	5 RUNS	1800' = 3052' FAP	31.32 BBL	ALL WATER
2 HR	5 RUNS	2700' = 2152' FAP	34.80 BBL	ALL WATER
3 HR	5 RUNS	3000' = 1852' FAP	28.50 BBL	ALL WATER
94.62 TOTAL BBL RECOVER SDON				

11/11/2014 FOUND 30# ON TBG RELEASED PRESSURE STARTED SWABING FOUND FL @ 1500' = 3352' FAP

1 HR	5 RUNS	3000' = 1852' FAP	33.64 BBL	ALL WATER
2 HR	5 RUNS	3000' = 1852' FAP	33.64 BBL	ALL WATER
3 HR	5 RUNS	3000' = 1852' FAP	33.64 BBL	ALL WATER
4 HR	5 RUNS	3400' = 1452' FAP	33.64 BBL	ALL WATER
5 HR	5 RUNS	3400' = 1452' FAP	33.64 BBL	ALL WATER
6 HR	5 RUNS	3400' = 1452' FAP	33.64 BBL	TRACE OF OIL
7 HR	5 RUNS	3800' = 1052' FAP	33.64 BBL	TRACE OF OIL
8 HR	5 RUNS	3800' = 1052' FAP	33.64 BBL	TRACE OF OIL
9 HR	5 RUNS	3900' = 952' FAP	33.64 BBL	TRACE OF OIL
302.76 TOTAL BBL RECOVER SDON				

DAILY COST SUMMARY:

VENDOR	SERVICE	COST	
PSI RIG 2	SERVICE UNIT		
PSI	BOP RENTAL		
E.COLORADO	POWER SWIVEL/BAILER		
PIONNER	WIRE LINE		
HEAT WAVES	ACID JOB		
PAUDAS	LABOR		
PSI	WATER TRUCK		
PSI	WINCH TRCK		
			DAILY COST:
			PREVIOUS COST:
			COST TO DATE: