KOLAR Document ID: 1303592

Confiden	tiality Re	quested:
Yes	No	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL	HISTORY	 DESCRIPTION 	VOF WELL	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
OilWSWSWD GasDHEOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #: GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Reached TD Recompletion Date of Recompletion Date	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 Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II III Approved by: Date:						

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Operator Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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			Yes] No			Log Form		Formation (Top), Depth and Datum		Sample	
(Attach Additional Sheets) Samples Sent to Geological Survey			<i>(</i>	1		Nan	ne			Тор	Datum	
Cores Taken Electric Log Run Geologist Report / M List All E. Logs Run:	Mud Logs	rvey		res res res] No] No] No] No							
CASING RECORD Used Report all strings set-conductor, surface, intermediate, production, etc.												
Purpose of String		ze Hole Drilled	S	ize Casing et (In O.D.]	Weight Lbs. / Ft.		5	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:		Depth	Tur	ADDITIONAL CEMENTIN Type of Cement # Sacks U								
Perforate Top Bottom			Typ	Type of Cement		# 54068	oseu	Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone												
 Did you perform a h Does the volume of Was the hydraulic fr Date of first Production Injection: 	the total base	e fluid of the h	ydraulic f ion subm	racturing t itted to the Produce		cal disclosure	e registry		☐ Yes ☐ Yes ☐ Yes ft ☐ O	No (If No	, skip questions 2 ar , skip question 3) , fill out Page Three	
Estimated Production Per 24 Hours	I	Oil B	Bbls.	Ga	as	Mcf	Water Bbls. Gas-Oil Ratio Gravity				Gravity	
DISPOSIT	TION OF GAS	5:			1		HOD OF COMPLETION: PRODUCTION INTER				DN INTERVAL: Bottom	
Vented Sold Used on Lease (If vented, Submit ACO-18.)		Open Hole Perf.			Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)							
Shots Per Perforation Perforation Bridge Pl Foot Top Bottom Type		Plug	Bridge Plug Set At			Acid,		Cementing Squeeze Kind of Material Used)				
TUBING RECORD:	Size:		Set At	:		Packer At:						

Form	ACO1 - Well Completion			
Operator	F. G. Holl Company L.L.C.			
Well Name	HANSON TRUST 1-2			
Doc ID	1303592			

Casing

	Size Casing Set	U U U	Type Of Cement	Type and Percent Additives