



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1309994
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: _____

1309994

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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Sun Cementing OF WYOMING, INC.

P. O. Box 266
Gillette, Wyoming 82716

Cementing Ticket
and Invoice Number

No 03666



Date 11-16-82	Customer Order No.	Sect. 6	Twp. 3S2	Range 15E	Truck Called Out 1.30 PM	On Location 2:45 PM	Job Began 3:00 PM	Job Completed 5:00 PM
Owner LIDA H JACKSON ESTATE	Contractor SAMUEL SHIP CO			Charge To JACKSON ESTATE				
Mailing Address 501 N. 11th			City EUREKA		State KANSAS			
Well No. & Form 1-B JACKSON ESTATE		Place SEC. 6-27-23		County BEAUFORT		State KANSAS		
Depth of Well 57	Depth of Job 51	Casing (New) Used	Size 3 1/2	Weight 205	Size of Hole Amt. and Kind of Cement 1 1/2 1000 LBS	Cement Left in casing by	Request Necessity 1	
Kind of Job SURFACE					Drillpipe Tubing	(Rotary) Cable	Truck No. 36	

Price Reference No.	1
Price of Job	375.00
Second Stage	
Mileage	18
Other Charges	37.30
Total Charges	412.30

Remarks: BEING DRILL 40 SCS. PER 28 1/2"
DREDGED WITH 2.2 BBL WATER
GOOD RETURN

THANKS

Cementer: MIKE HAWES

Helper: KEVIN - RUSSELL District: EUREKA State: KANSAS

The above job was done under supervision of the owner, operator, or his agent whose signature appears below.

[Signature]
Agent of contractor or operator

Sales Ticket for Materials Only

Quantity Sacks	BRAND AND TYPE	PRICE	TOTAL
40 SCS.	REGULAR CEMENT CLASS "A"	4.41	176.40
113 LBS	PRIMA CHLORIDE 3/8 WITH CEMENT	21.00	2373
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> PAID 12/8/82 INCK-1377 \$ 3937.07 </div>			
Plugs	40 SCS. Handling & Dumping	50	20.00
Delivered by Truck No.	B 26 1.30 PM	Mileage 18	54.00
Delivered from	EUREKA	Sales Tax	0.3
Signature of operator		Total	627.97

11/16/82

C

INVOICE NO. 3666

District Eureka



P. O. Box 266
 Gillette, Wyoming 82716
 (307) 682-3510

DATE 11-30-82

FOR CUSTOMER USE ONLY

Register No.	Voucher No.
Terms Approved	Price Approved
Calculations Checked	
Adjustments	
Accounting Distribution	
Audited	Final Approval

Charge To

Jackson Bros.
 514 N. Main
 Eureka, Kansas 67045

Your Order No.
 Requisition No.

Owner Jackson Bros.
 Contractor Gaines Drlg. Co.

Well No. I-B Depth 51 Farm Jackson Size Casing 8 5/8 County Greenwood Sec. 6 Twp. 27S Rge. 3E

All Accounts Will Bear 12% Interest After 60 Days.

AMOUNT

EQUIPMENT CHARGE Surface Pipe *11/16/82* 375.00

EQUIPMENT CHARGE Pump Truck Mileage 37.80

Bulk Cement	.....	Sacks	@	_____	
Lite Wate Cement	40	Sacks	@	4.41	176.40
Pozmix	.....	Sacks	@	_____	
Salt	.....	Pounds	@	_____	
Cal. Cl.	113	Pounds	@	21.00	23.73
Amon. Cl.	.....	Pounds	@	_____	
Gel	.....	Pounds	@	_____	
Chip Plug	.....	Pounds	@	_____	
Sun FR	.....	Pounds	@	_____	
Hulls	.....	Pounds	@	_____	
Flocele	.....	Pounds	@	_____	

Plugs Size @ _____

*PAID
 12/8/82
 IN CL. 1377
 \$ 3,937.07*

Handling & Dumping	40	Cu. Ft.	@	.50	20.00
Hauling	1.96	Tons	@	MN	35.00

Sales Tax 20.04

Invoice Total \$687.97

When Remitting Please Give Our Invoice Number

Sun Cementing OF WYOMING, INC.

P. O. Box 266
Gillette, Wyoming 82716

Cementing Ticket
and Invoice Number

000 04047

Date 11-20-91	Customer Order No.	Sect. 10	Twp. 27	Range 13E	Truck Called Out 2:30	On Location 3:30	Job Began 5:10	Job Completed 5:30
Owner JACKSON BROS.		Contractor BRUCE DALG. CO.			Charge To JACKSON BROS.			
Mailing Address 511 N. MAIN		City EUREKA			State KANSAS			
Well No. & Form 112 JACKSON 4-B		Place SOUTH OF NICH		County GREENWOOD		State KANSAS		
Depth of Well 1684'	Depth of Job 1681	Casing (New) Size 4 1/2" (Used) Weight 2.5	Size of Hole Amt. and Kind of Cement 7 1/2" 130-BW		Cement Left in casing by		Request Necessity _____ feet	
Kind of Job 4/5					Drillpipe _____	(Rotary) _____		Truck No. 436
					Tubing _____	(Cable) _____		

Price Reference No. 21
Price of Job 665.00
Second Stage _____
Mileage 32.81
Other Charges _____
Total Charges 702.80

Remarks
MIXED SALT FOR SALT FLUSH - RUN 30
6 HRS. - MIXED 130 SCKS 60-40 CEMENT
dropped top plug - wash out h. wgs - Display
and w/ 27.5 hbls of water. - checked job w/
w/ wire line.

SHOULD GIVE A LITTLE OVER 500' FILLUP
BOND LOG INDICATES EXCELLENT CEMENT JOB!

Cementor Virgil Stuber
Helper Kevin - Todd District EUREKA State KANSAS
The above job was done under supervision of the owner, operator, or his agent whose signature appears below.
Rosemary Jackson II
Agent of contractor or operator

Sales Ticket for Materials Only

Quantity Sacks	BRAND AND TYPE	PRICE	TOTAL
130	52CKS 60-40 PORTLAND 4 1/2" SALT	3.71	482.30
200 [#]	Red - (3% allowed)		N/C
1050 [#]	SALT (600 [#] mixed w/ salt) 450 [#] FLUSH	4.80	50.40
Plugs	1 Top Rubber 4 1/2" plug.		20.00
	Delivered by Truck No. 27	Handling & Dumping 130 SCKS .50	65.00
	Delivered from EUREKA	Mileage 16 .90	26.19
	Signature of operator	Sales Tax .23	41.75
		Total	1440.67

11/30/82

C

INVOICE NO. 4047

District Eureka



SUN CEMENTING OF WYOMING, INC.

P. O. Box 266
Gillette, Wyoming 82716
(307) 682-3510

DATE 11-30-82

FOR CUSTOMER USE ONLY

Register No.	Voucher No.
Terms Approved	Price Approved
Calculations Checked	
Adjustments	
Accounting Distribution	
Audited	Final Approval

Charge To

Jackson Bros.
514 N. Main
Eureka, Kansas 67045

Your Order No.

owner Jackson Bros.

Requisition No.

Contractor Gaines Drlg. CO.

Well No. I-B Depth 1684 Farm Lida Jackson Size Casing 4 1/2 County Greenwood Sec. 6 Twp. 27 Rge. 13E

All Accounts Will Bear 12% Interest After 60 Days.

	AMOUNT
EQUIPMENT CHARGE <i>LONG STRING</i> Surface Pipe	665.00
EQUIPMENT CHARGE Pump Truck Mileage	37.80
Bulk Cement Sacks @ _____	
Lite Wate Cement Sacks @ _____	
Pozmix . 130 Sacks @ 3.71	482.30
Salt 1050 Pounds @ .0480	50.40
Cal. Cl. Pounds @ _____	
Amon. Cl. Pounds @ _____	
Gel . 200 Pounds @ _____	NC
Chip Plug Pounds @ _____	
Sun FR Pounds @ _____	
Hulls Pounds @ _____	
Flocele Pounds @ _____	
Plugs 1 Size. 4 1/2 @ 20.00	20.00
Handling & Dumping . 130 Cu. Ft. @ .50	65.00
Hauling . 6.2 Tons . 18 Mileage @ .70	78.12
Sales Tax	41.96
Invoice Total	\$1,440.58

Handwritten note: Paid 11/30/82 JACK 1377 3937.07

When Remitting Please Give Our Invoice Number