Kansas Corporation Commission OIL & GAS CONSERVATION DIVISION

Confidentiality Requested:

Yes No

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 #			API No. 15				
Name:			Spot Description:				
Address 1:				st West			
Address 2:			Feet from North / South Line	of Section			
City: Sta	ate: Zi _l	p:+	Feet from _ East / _ West Line	of Section			
Contact Person:			Footages Calculated from Nearest Outside Section Corner:				
Phone: ()			□NE □NW □SE □SW				
CONTRACTOR: License #			GPS Location: Lat:, Long:				
Name:			(e.g. xx.xxxxx) (e.gxxx.	xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD83 WGS84				
Purchaser:			County:				
Designate Type of Completion: New Well Re-Entry Workover			Lease Name: Well #:				
			Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW □ SIGW	Elevation: Ground: Kelly Bushing:				
			Total Vertical Depth: Plug Back Total Depth:				
☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)			Amount of Surface Pipe Set and Cemented at:	Feet			
Cathodic Other (Core,	Expl., etc.);		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info			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:			<u> </u>				
Deepening Re-perf.	Conv. to Ef	NHR Conv. to SWD	Drilling Fluid Management Plan				
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from the Reserve Pit)				
O constituents at	D		Chloride content:ppm Fluid volume:	bbls			
CommingledDual Completion			Dewatering method used:				
SWD			Location of fluid disposal if hauled offsite:				
☐ ENHR			Location of hald disposal if fladied offsite.				
GSW			Operator Name:				
_			Lease Name: License #:				
Spud Date or Date Read	ched TD	Completion Date or	Quarter Sec TwpS. R Ea	st West			
Recompletion Date		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				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				



1314863 CORRECTION #1

Operator Name:			Lease Name:			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott		
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth an		Sample
Samples Sent to Geo	logical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		0.0000					
		CASING Report all strings set-o	RECORD Ne conductor, surface, inte		ion, 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 / SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives			
Perforate Protect Casing							
Plug Back TD Plug Off Zone							
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	o questions 2 an	nd 3)
	· ·	aulic fracturing treatment ex	_			o question 3)	of the ACO 1)
was the hydraulic fractur	ring treatment information	submitted to the chemical of	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot	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:	Yes No		
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil B		Mcf Wate			ias-Oil Ratio	Gravity
DISPOSITIO	DISPOSITION OF CAS: METHOD OF COMPLETION: PROPRIOTION WITERALL					ON INTERVAL:	
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled				ZIN IINI EI IVAE.			
	bmit ACO-18.)	Other (Specify)	(Submit A		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	James P. Williams Enterprises, Inc.
Well Name	Russ - Hrabe 1
Doc ID	1314863

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Type Of Cement	Type and Percent Additives

Summary of Changes

Lease Name and Number: Russ - Hrabe 1

API/Permit #: 15-163-20478-00-02

Doc ID: 1314863

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	02/01/2016	08/19/2016
Lease Name	Russ	Russ - Hrabe
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 81978	//kcc/detail/operatorE ditDetail.cfm?docID=13 14863