



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1315959

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

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 DistributionALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____

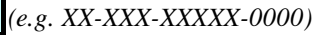
<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	CMX, Inc.
Well Name	Bartender 4
Doc ID	1315959

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	24	20	40	60	Grout	7	NA
Surface	12.25	8.625	24	1025	A-Con & Common	400	NA
Production	7.875	5.5	15.5	5113	AA-2	175	NA

Fracture Start Date/Time	7/17/15 11:36
Fracture End Date/Time	7/17/15 13:50
State	Kansas
County	Barber
API Number	15-007-24271-0000
Operator Number	CMX, Inc.
Well Name	Barrender #4
Federal Well	Yes
Longitude	-98.565745
Latitude	37.0000202
Long/Lat Projection	NAD83
True Vertical Depth (TVD)	
Total Clean Fluid Volume* (gal)	463,375

[illegible][illegible]

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary," "trade secret," and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.

Summary of Changes

Lease Name and Number: Bartender 4

API/Permit #: 15-007-24271-00-00

Doc ID: 1315959

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	05/19/2015	09/01/2016
Date of First or Resumed Production or SWD or Enhr Fracturing Question 1	No	8/1/2015 Yes
Fracturing Question 2		Yes
Fracturing Question 3		No
Liner Run?		No
Method Of Completion - Perf	No	Yes
Perf_Depth_1		4898
Perf_Material_1		2600 gal 7.5 % MCA, Frac w/ 275,400 # sd, 463,375 gal Fluid

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Record_1		4846 - 4898
Perf_Shots_1		2
Producing Method Pumping	No	Yes
Production Interval #1		4846-4898
Save Link	../../../../kcc/detail/operatorE ditDetail.cfm?docID=12 51245	../../../../kcc/detail/operatorE ditDetail.cfm?docID=13 15959
Tubing Set At		4591
Tubing Size		2.8750

Summary of Attachments

Lease Name and Number: Bartender 4

API: 15-007-24271-00-00

Doc ID: 1315959

Correction Number: 1

Attachment Name

Bartender4 Frac Fluids disclosure