

C	onfiden	tiality	Requested:
	Yes	N	lo

Kansas Corporation Commission Oil & Gas Conservation Division

1319055

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:			Sec	TwpS. R		
Address 2:			Feet from North / South Line of Section			
City: St	ate: Ziŗ	D:+	Feet from East / West Line of Section			
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:		
Phone: ()			□ NE □ NW	□ SE □ SW		
CONTRACTOR: License #			GPS Location: Lat:	, Long:		
Name:				. xx.xxxxx) (e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27 NAD27			
Purchaser:			County:			
Designate Type of Completion:			Lease Name:	Well #:		
New Well Re-	·Fntrv	Workover	Field Name:			
	_		Producing Formation:			
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:		
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:		
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet		
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Inf				Feet		
Operator:				nent circulated from:		
Well Name:			, ,	w/sx cmt.		
Original Comp. Date:			loot doparto.	W,		
	_	NHR Conv. to SWD				
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the			
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls		
Dual Completion	Permit #:		Dewatering method used:			
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:		
☐ ENHR	Permit #:		On and an Name			
GSW	Permit #:					
				License #:		
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R		
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 III Approved by: Date:						

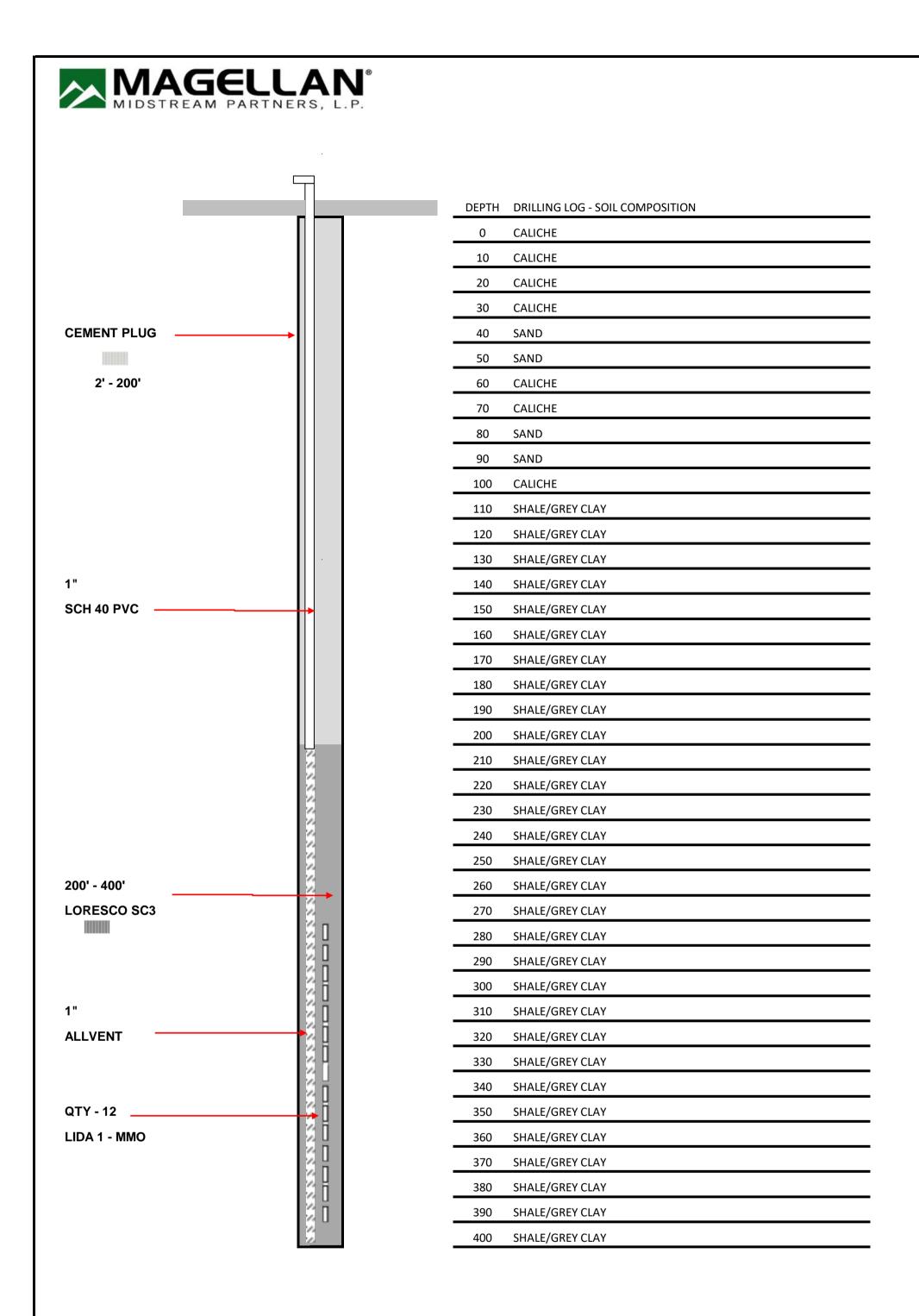


Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ring and shut-in pressu	ormations penetrated. Cures, whether shut-in prediction of the pre	essure reached stat	ic level, hydrosta	tic pressures, bot		
		otain Geophysical Data a or newer AND an image		ogs must be ema	illed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken Yes No Lo (Attach Additional Sheets)					on (Top), Depth ar		Sample
Samples Sent to Geol	logical Survey	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD N	ew Used			
		Report all strings set-			ion, etc.		
Purpose of String	Size Hole Drilled			Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
		ADDITIONAL	. CEMENTING / SQI	JEEZE RECORD	I	1	
Purpose: Perforate Protect Casing	Depth Top Bottom	Type of Cement	Type and Percent Additives				
Plug Back TD Plug Off Zone							
	ulic fracturing treatment or	n this well? aulic fracturing treatment ex	roed 350 000 gallons	Yes		p questions 2 ar	nd 3)
		submitted to the chemical of	=	Yes	= ' '	out Page Three	of the ACO-1)
			RECORD - Bridge Plugs Set/Type age 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:			
TODING RECORD.	OILG.	Jet At.	i aunei Al.		Yes No		
Date of First, Resumed	Production, SWD or ENF	Producing Meth	nod:	Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bbls. Gas	Mcf Water Bbls.		bls. C	Gas-Oil Ratio Gravity	
DISPOSITION Vented Sold	ON OF GAS:	N Open Hole	METHOD OF COMPL		mmingled	PRODUCTIO	DN INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit		mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Magellan Pipeline Company LP
Well Name	SADDLEHORN 11
Doc ID	1319055

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16	10	10.80	20	PORTLAN D	20	0



CATHODIC PROTECTION WELL LOG/COMPLETION REPORT



235 Hembree Park Drive Roswell, GA 30076 770.619.5666

www.pipecs.com

CLIENT: MAGELLAN MIDSTREAM

DATE: 05/14/2016

PIPELINE: SADDLEHORN 20" CRUDE PIPELINE

LOCATION: CP 10 - LANE STATION

COUNTY: LANE

GPS COORDINATES: 38.481800° -100.507024°

CORROSION TECH:

API FILE# 15-101-22571-00-00