

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1320039

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:

- |                                                |                                                           |                                     |                               |
|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |                               |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        | <input type="checkbox"/> SIOW |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       | <input type="checkbox"/> SIGW |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |                               |
| <input type="checkbox"/> CM (Coal Bed Methane) |                                                           |                                     |                               |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |                               |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |                                          |                                       |                                            |                                       |
|------------------------------------------|---------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Deepening       | <input type="checkbox"/> Re-perf.     | <input type="checkbox"/> Conv. to ENHR     | <input type="checkbox"/> Conv. to SWD |
| <input type="checkbox"/> Plug Back       | <input type="checkbox"/> Conv. to GSW | <input type="checkbox"/> Conv. to Producer |                                       |
| <input type="checkbox"/> Commingled      | Permit #: _____                       |                                            |                                       |
| <input type="checkbox"/> Dual Completion | Permit #: _____                       |                                            |                                       |
| <input type="checkbox"/> SWD             | Permit #: _____                       |                                            |                                       |
| <input type="checkbox"/> ENHR            | Permit #: _____                       |                                            |                                       |
| <input type="checkbox"/> 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 Distribution

ALT ☐ I ☐ II ☐ III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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<br><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:                                       |                              |                             |                              |                                  |                                 |

| <div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div> |                   |                           |                   |               |                |              |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------|-------------------|---------------|----------------|--------------|----------------------------|
| 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<br>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<br>Specify Footage of Each Interval Perforated |                                                                                                                                                                         | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) |               | Depth   |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------|---------|
|                                                                                                        |                                                                                           |                                                                                                                                                                         |                                                                                   |               |         |
|                                                                                                        |                                                                                           |                                                                                                                                                                         |                                                                                   |               |         |
|                                                                                                        |                                                                                           |                                                                                                                                                                         |                                                                                   |               |         |
|                                                                                                        |                                                                                           |                                                                                                                                                                         |                                                                                   |               |         |
|                                                                                                        |                                                                                           |                                                                                                                                                                         |                                                                                   |               |         |
| TUBING RECORD:                      Size:                      Set At:                      Packer At: |                                                                                           |                                                                                                                                                                         | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No               |               |         |
| Date of First, Resumed Production, SWD or ENHR.                                                        |                                                                                           | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____ |                                                                                   |               |         |
| Estimated Production<br>Per 24 Hours                                                                   | Oil                      Bbls.                                                            | Gas                      Mcf                                                                                                                                            | Water                      Bbls.                                                  | Gas-Oil Ratio | Gravity |

|                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                    |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| <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></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p> | <p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|

|           |                          |
|-----------|--------------------------|
| Form      | ACO1 - Well Completion   |
| Operator  | ONEOK NGL Pipeline, LLC  |
| Well Name | N-12 REPLACEMENT PROSE 1 |
| Doc ID    | 1320039                  |

#### Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface           | 16                | 10              | 40     | 20            | Cement         | 12                   | 20' SDR-21                 |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |

**TYPE 4**PAGE 1 OFCLIENT: ONEOK

PROJECT

NAME: Groundbed InstallationDATE DRILLED: TBDSITE: MultipleLOCATION: Kansas

OTHER ID#

FACILITY:

GPS

DRILLING

COMPANY: COMPANY SERVICING TOOLS

RIG:

BOREHOLE: 10 inch

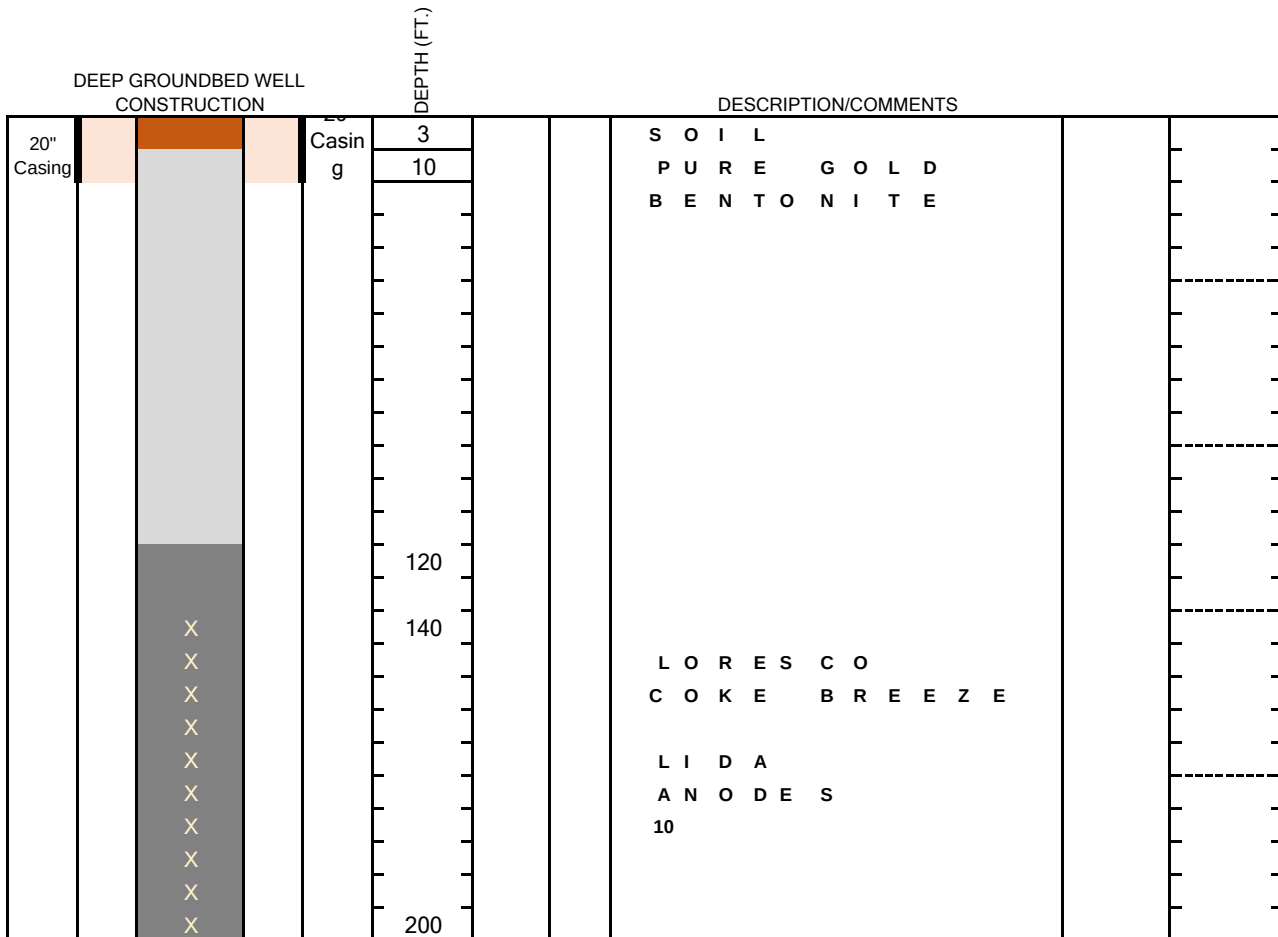
LOGGED

DRILLING

BY:

METHOD: Wet Rotary or DryFLUID Water if wet rotary

|              | TYPE   | INTERVAL | MATERIAL | JOINT LENGTH | DIAM |
|--------------|--------|----------|----------|--------------|------|
| CASING:      | SDR 21 | 0-20'    | PVC      |              | 10   |
| SCREEN:      |        |          |          |              |      |
| GROUT:       |        |          |          |              |      |
| SEAL:        |        |          |          |              |      |
| FILTER PACK: |        |          |          |              |      |



Initial Depth to Water:

Static Depth to Water:

Comments

Not to scale

1

**ETER**

)"

[illegible]

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