



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1320159  
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: \_\_\_\_\_

1320159



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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	River Rock Operating, LLC
Well Name	TAYLOR,WAYNE L. 1-2
Doc ID	1320159

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
6		Shot	1020-1022
6		Shot	1014-1018
6		Shot	790-794
6		Shot	751-755
6		Shot	725-732
6		Shot	656-660
6		Shot	642-646



Rig Number:	S. 1 T. 29 R. 17E
API No. 15-153-27780	County: MO
Elev. 975'	Location: SW SE

Operator: River Rock Operating, LLC
Address: Suite 200 Oklahoma City, OK 73102
Well No: 1-2 Lease Name: Taylor, Wayne L
Footage Location: 660 ft. from the (N) (S) Line 1980 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 10/17/16 Geologist:
Date Completed: 10/18/16 Total Depth: 1142

Gas Tests:	
603	8 MCF
628	8 MCF
653	8 MCF
753	8 MCF
803'	8 MCF
853'	8 MCF
928'	1 MCF
963'	1 MCF
975'	1 MCF
1003'	1 MCF
1029'	10 MCF
1057'	10 MCF
1079	10 MCF

Casing Record			Rig Time:
Size Hole:	Surface 11"	Production 7 7/8"	2 hrs gas test
Size Casing:	8 5/8"		
Weight:	23#		
Setting Depth:	32'	1074'	
Type Cement:	Port		
Sacks:	4	MCP	

Well Log								
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
sand/clay	0	11	oil sand	577	601			
sand (wet)	11	18	<del>oil sand</del>	<del>601</del>				
shale	18	53	sandy sh	601	612			
coal	53	55	OSW lime	612	638			
shale	55	112	summit	638	647			
lime	112	117	lime	647	656			
shale	117	122	shale	656	745			
lime	122	198	lime	745	746			
shale	198	217	coal	746	748			
coal	217	218	shale	748	787			
shale	218	244	coal	787	789			
lime	244	337	shale	789	819			
shale	337	356	oil sand	819	827			
lime	356	371	shale	827	850			
shale	371	429	coal	850	851			
lime	429	444	shale	853	920			
shale	444	514	sand/shale	920	1016			
lime	514	520	coal	1016	1018			
shale	520	526	shale	1018	1049			
lime	526	565	coal	1049	1057			
shale	565	567	shale	1057	1063			
lime	567	570	coal	1063	1065			
shale	575	588	shale	1065	1079			
sand	588	597	missing	1079	1142			



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER **50168**

LOCATION Ottawa

FOREMAN Alan Mader

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-16	6959	Taylor Wayne L. 1-2	SE 1	29	17	
CUSTOMER <u>River Rock Operating LLC</u>						
MAILING ADDRESS <u>211 N. Robinson Ste N200</u>						
CITY <u>Oklahoma City</u>		STATE <u>OK</u>	ZIP CODE <u>73102</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>730</u>	<u>Alamad</u>	<u>Safety</u>	<u>Meets</u>
			<u>495</u>	<u>Harbec</u>		
			<u>618/T-90</u>	<u>ke: Det</u>		
			<u>503</u>	<u>Art McD</u>		

JOB TYPE <u>long string</u>	HOLE SIZE <u>7 7/8</u>	HOLE DEPTH <u>1140</u>	CASING SIZE & WEIGHT <u>5 1/2 15.5</u>
CASING DEPTH <u>1138</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>1/25</u>
DISPLACEMENT <u>26.9</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>300</u>	RATE <u>5 bpm</u>

REMARKS: Had meeting. Washed casing to TD. checked depth with wireline. Hooked to casing & pumped 200# gel mud flush followed by 5 bbl clean water. Mixed & pumped 180 sks Poz Blend I plus 29 gal, 3# Kalsol, 390 salt per sack. Flushed pump & lines. Released plug & pumped plug to casing TD with clean water. Well held 800 PSI. Set Plug. Placed valve & swedge on casing. Circulated 5 bbl clean cement.

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500 <sup>00</sup>
CE0003	50	MILEAGE	495	357 <sup>50</sup>
CE0711	min	ten miles	503	660 <sup>00</sup>
W52402	4	transport	618/T90	480 <sup>00</sup>
		Sub		2997 <sup>50</sup>
		less 50%		1498 <sup>25</sup>
				1498 <sup>25</sup>
CC5840	180	Poz Blend I/A		2730 <sup>00</sup>
CC5965	502	Bentonite		150 <sup>60</sup>
CC6077	900 <sup>00</sup>	Kalsol		450 <sup>00</sup>
CC5326	348 <sup>00</sup>	salt		378 <sup>00</sup>
CP8179	1	5 1/2 ptg		125 <sup>00</sup>
		Sub		3503 <sup>00</sup>
		less 50%		1751 <sup>50</sup>
				1751 <sup>50</sup>
			75	SALES TAX
				ESTIMATED TOTAL
				131.39
				3387.94

Revin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this fr