Confidentiality Requested: Yes No

## KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1321676

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	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: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back       Conv. to GSW       Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:      ENHR Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:      GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West
Recompletion Date Reached TD Recompletion Date of 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 III Approved by: Date:				

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Operator Name:	Lease Name:	Well #:		
Sec TwpS. R East _ West	County:			
INSTRUCTIONS: Show important tops of formations populated	otail all cores. Report all final	conies of drill stoms tasts giving interval tasted time tool		

**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).

Samples Sent to Geolog	gical Survey	☐ Yes ☐ No ☐ Yes ☐ No				Тор	
Cores Taken Electric Log Run							
List All E. Logs Run:							
[							
		CASING Report all strings set-o	RECORD Ne		on, 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 / SQL	EEZE RECORD			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and F	Percent Additives	

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

 No
 (If No, skip questions 2 and 3)

 No
 (If No, skip question 3)

 No
 (If No, fill out Page Three of the ACO-1)

PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: No Yes Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Other (Explain) Flowing Pumping Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours **DISPOSITION OF GAS:** METHOD OF COMPLETION: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Oneok Field Services LLC
Well Name	CITY OF LIBERAL REPLACEMENT GIBSON 1
Doc ID	1321676

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	16	10	40	20	cement	20' SDR- 21

	יד	YPE 3	PAGE	1	OF	1
CLIENT: ONEOK	PROJECT NAME:	Groundbed Insta	llation DATE		TBD	
SITE: Multple		: Kansas				
OTHER ID# FACI	LITY:		GPS			
DRILLING COMPANY: COMPANY SERVICING TOOLS	RIG:		BOREHOLE: 10	nch		
LOGGED BY:	DRILLING METHOD:	Wet Rotary or D	y FLUID Wa	ter if wet ro	tary	
TYPE II	NTERVAL	MATERIAL	JOINT LEN	GTH	DIAME	ETER
CASING: SDR 21	0-20'	PVC			10	)"
SCREEN:						
GROUT:						
SEAL:						
FILTER PACK:						

DEEP GROUNDBED WELL CONSTRUCTION	DЕРТН (FT.)	DESCRIPTION/COMMENTS	
20" Casir		SOIL	
Casing g		CEMENTED CASING	
		PURE GOLD	
		BENTONITE	
	120		
	110		
×	130		
×			
×			
X		LORESCO	
×		COKE BREEZE	
×			
×		GRAPHITE	
×		ANODE S	
×		12	
×			
×			
X	250		
Initial Depth to Water:			
Static Depth to Water:			
Comments	Not to scale		