



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1321975  
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: \_\_\_\_\_

1321975

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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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Darrell Wood - Edwards (Pres.)  
Fred Grunder - Pratt (V Pres.)  
John Janssen - Kiowa (Treas.)  
Curtis Tobias - Rice (Sec.)  
Justin Gatz - Reno  
Kent Lamb - Stafford  
Phil Martin - Barton  
Bob Standish - Pawnee  
Tom Taylor - At-Large



Orrin Feril, Manager  
125 South Main Street  
Stafford, Kansas 67578  
ph: (620) 234-5352  
fx: (620) 234-5718  
gmd5@gmd5.org  
www.gmd5.org

October 27, 2016

Ryan Hoffman, Director  
Kansas Corporation Commission  
Conservation Division  
266 N. Main Street., Ste. 220  
Wichita, KS 67202-1513

Re: Cathodic Protection Well Permits  
(CPB-16-01)(CPB-16-02)

Dear Mr. Hoffman,

Please find enclosed, copies of the well completion forms for the Cased Cathodic Protection Boreholes within GMD #5. As per K.A.R. 82-3-706 (k) these completion forms are being forwarded to your office for your information.

If you have any questions or comments concerning these forms, please call the office.

Sincerely,

*John Hildebrand*

John Hildebrand

Cc: Pipeline Controls and Services

Enclosures:

RECEIVED

OCT 24 2016

Form ACO-1  
July 2014

Bend GMD #5  
Form must be Typed  
Form must be Signed  
All blanks must be Filled

Confidentiality Requested:

Yes  No

KANSAS CORP  
OIL & GAS CO  
WELL CC  
WELL HISTORY - DI

API #  
15-151-22451-00-00

OPERATOR: License # 33883

Name: MAGELLAN MIDSTREAM

AN CP 14 - PRATT STATION

Address 1: ONE WILLIAMS CENTER

Twp. 26 S. R. 13  East  West

Address 2: MD-272

City: TULSA State: OK Zip: 74172 +

2,550 Feet from  North /  South Line of Section

3,550 Feet from  East /  West Line of Section

Contact Person: MARK LEPICH

Footages Calculated from Nearest Outside Section Corner:

Phone: (918) 574-7825

NE  NW  SE  SW

CONTRACTOR: License # 99975

GPS Location: Lat: 37.813702, Long: -98.788733  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Name: COMPANY SERVICED TOOLS

Datum:  NAD27  NAD83  WGS84

Wellsite Geologist: N/A

County: PRATT

Purchaser: N/A

Lease Name: SADDLEHORN Well #: 14

Designate Type of Completion:

Field Name: N/A

- New Well  Re-Entry  Workover
- Oil  WSW  SWD  SLOW
- Gas  D&A  ENHR  SIGW
- OG  GSW  Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic  Other (Core, Expl., etc.):

Producing Formation: N/A

Elevation: Ground: 5874 Kelly Bushing: 5874

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

Total Vertical Depth: 400 Plug Back Total Depth:

Operator:

Amount of Surface Pipe Set and Cemented at: 225 Feet

Well Name:

Multiple Stage Cementing Collar Used?  Yes  No

Original Comp. Date: Original Total Depth:

If yes, show depth set: Feet

- 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 #: \_\_\_\_\_

If Alternate II completion, cement circulated from:

feet depth to: w/ sx cmt.

08/16/2016 08/17/2016 08/18/2016  
 Spud Date or Date Reached TD Completion Date or  
 Recompletion Date Recompletion Date

**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 #:

**INSTRUCTIONS:** The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

**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.

Signature: 

Title: Rosa Madalena Date: 10/12/16

**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: \_\_\_\_\_

Operator Name: MAGELLAN MIDSTREAM Lease Name: SADDLEHORN Well #: 14  
 Sec. 6 Twp. 26 S. R. 13  East  West County: PRATT

**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 checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>		<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum		<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name	Top	Datum
Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		0	45	CLAY
Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		45	170	SAND
List All E. Logs Run:		175	200	CLAY
		200	400	RED CLAY

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
SURFACE	16	10.75	10.808	225	PORTLAND	96	

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)*

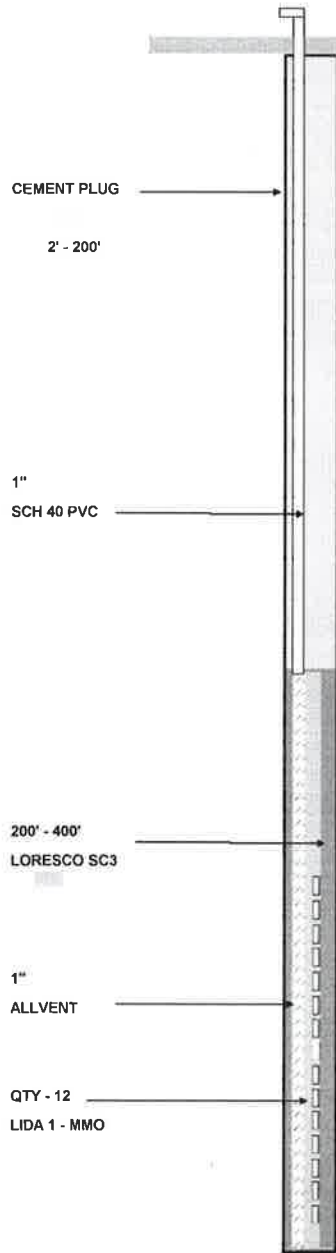
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity		

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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DEPTH	DRILLING LOG - SOIL COMPOSITION		
0	CLAY	210	RED CLAY
5	CLAY	215	RED CLAY
10	CLAY	220	RED CLAY
15	CLAY	225	RED CLAY
20	CLAY	230	RED CLAY
25	CLAY	235	RED CLAY
30	CLAY	240	RED CLAY
35	CLAY	245	RED CLAY
40	CLAY	250	RED CLAY
45	SAND	255	RED CLAY
50	SAND	260	RED CLAY
55	SAND	265	RED CLAY
60	SAND	270	RED CLAY
65	SAND	275	RED CLAY
70	SAND	280	RED CLAY
75	SAND	285	RED CLAY
80	SAND	290	RED CLAY
85	SAND	295	RED CLAY
90	SAND	300	RED CLAY
95	SAND	305	RED CLAY
100	SAND	310	RED CLAY
105	SAND	315	RED CLAY
110	SAND	320	RED CLAY
115	SAND	325	RED CLAY
120	SAND	330	RED CLAY
125	SAND	335	RED CLAY
130	SAND	340	RED CLAY
135	SAND	345	RED CLAY
140	SAND	350	RED CLAY
145	SAND	355	RED CLAY
150	SAND	360	RED CLAY
155	SAND	365	RED CLAY
160	SAND	370	RED CLAY
165	SAND	375	RED CLAY
170	SAND	380	RED CLAY
175	CLAY	385	RED CLAY
180	CLAY	390	RED CLAY
185	CLAY	395	RED CLAY
190	CLAY	400	RED CLAY
195	CLAY		
200	CLAY		

CATHODIC PROTECTION WELL LOG/COMPLETION REPORT



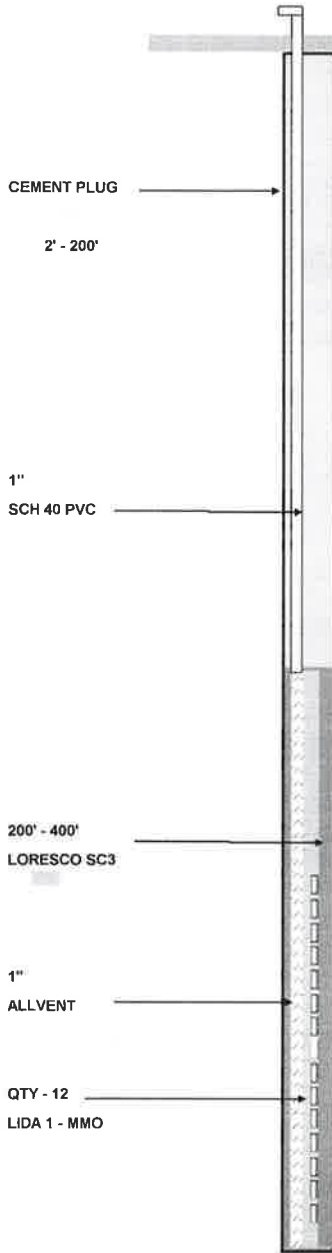
235 Hembree Park Drive  
Roswell, GA 30076  
770.619.5666  
www.pipecs.com

CLIENT: MAGELLAN MIDSTREAM  
DATE: 08/16/16  
PIPELINE: SADDLEHORN 20" CRUDE PIPELINE  
LOCATION: CP 14 - PRATT STATION  
COUNTY: PRATT  
GPS COORDINATES: 37.813723° -98.788740°  
CORROSION TECH:  
PERMIT # CPB 16-01









DEPTH DRILLING LOG - SOIL COMPOSITION

DEPTH	DRILLING LOG - SOIL COMPOSITION		
0	CLAY	210	RED CLAY
5	CLAY	215	RED CLAY
10	CLAY	220	RED CLAY
15	CLAY	225	RED CLAY
20	CLAY	230	RED CLAY
25	CLAY	235	RED CLAY
30	CLAY	240	RED CLAY
35	CLAY	245	RED CLAY
40	CLAY	250	RED CLAY
45	SAND	255	RED CLAY
50	SAND	260	RED CLAY
55	SAND	265	RED CLAY
60	SAND	270	RED CLAY
65	SAND	275	RED CLAY
70	SAND	280	RED CLAY
75	SAND	285	RED CLAY
80	SAND	290	RED CLAY
85	SAND	295	RED CLAY
90	SAND	300	RED CLAY
95	SAND	305	RED CLAY
100	SAND	310	RED CLAY
105	SAND	315	RED CLAY
110	SAND	320	RED CLAY
115	SAND	325	RED CLAY
120	SAND	330	RED CLAY
125	SAND	335	RED CLAY
130	SAND	340	RED CLAY
135	SAND	345	RED CLAY
140	SAND	350	RED CLAY
145	SAND	355	RED CLAY
150	SAND	360	RED CLAY
155	SAND	365	RED CLAY
160	SAND	370	RED CLAY
165	SAND	375	RED CLAY
170	SAND	380	RED CLAY
175	CLAY	385	RED CLAY
180	CLAY	390	RED CLAY
185	CLAY	395	RED CLAY
190	CLAY	400	RED CLAY
195	CLAY		
200	CLAY		

CATHODIC PROTECTION WELL LOG/COMPLETION REPORT



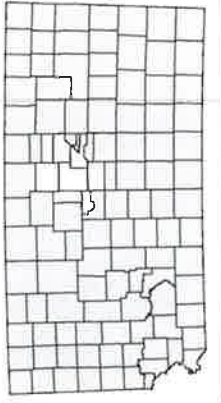
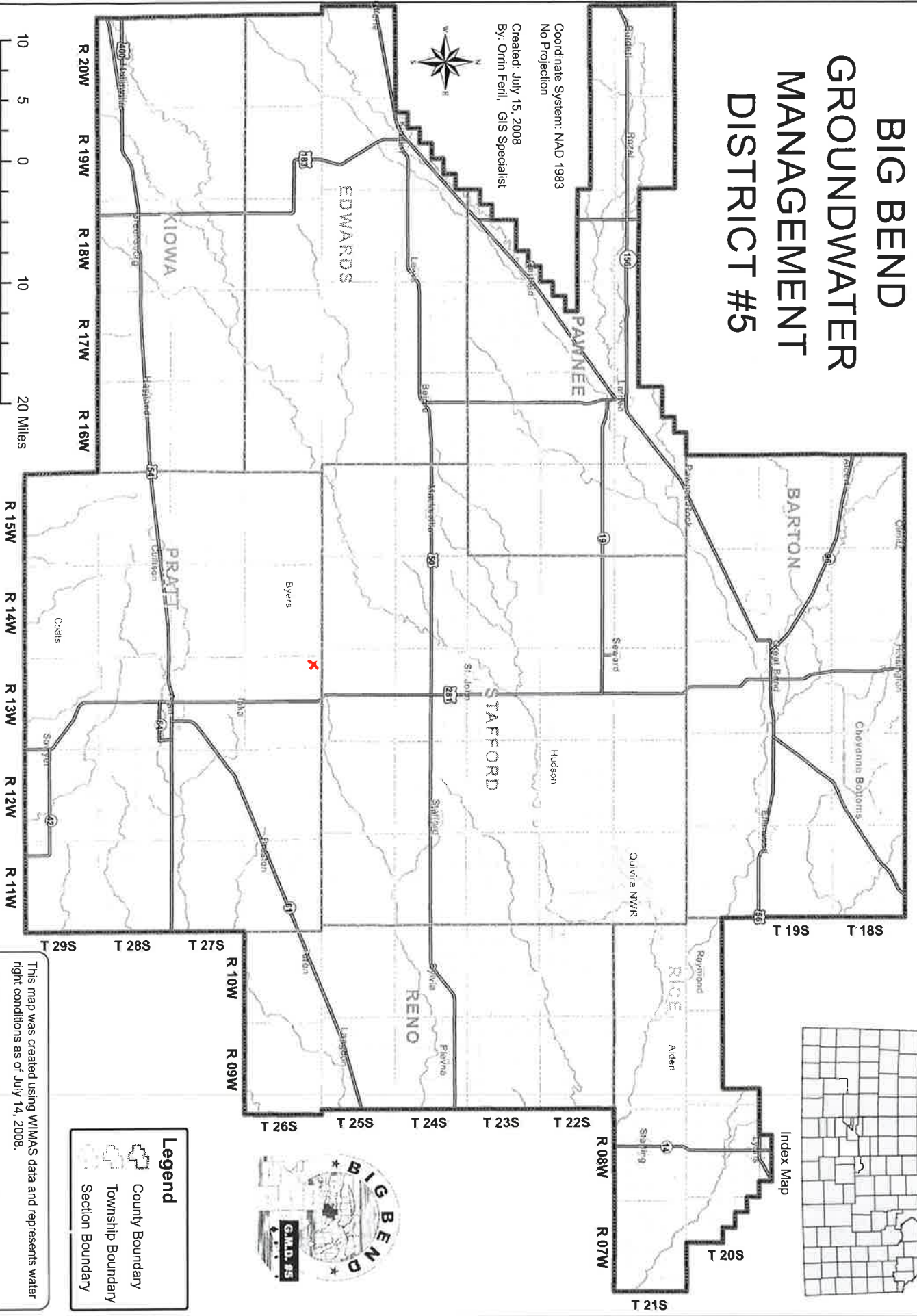
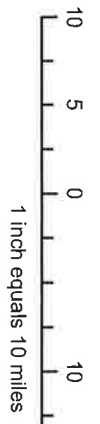
235 Hembree Park Drive  
Roswell, GA 30076  
770.619.5666  
[www.pjpecs.com](http://www.pjpecs.com)

CLIENT: MAGELLAN MIDSTREAM  
DATE: 08/16/16  
PIPELINE: SADDLEHORN 20" CRUDE PIPELINE  
LOCATION: CP 14 - PRATT STATION  
COUNTY: PRATT  
GPS COORDINATES: 37.813723° -98.788740°  
CORROSION TECH:  
PERMIT # CPB 16-01



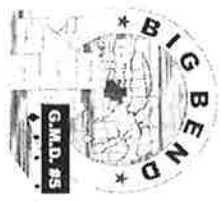
# BIG BEND GROUNDWATER MANAGEMENT DISTRICT #5

Coordinate System: NAD 1983  
No Projection  
Created: July 15, 2008  
By: Orin Feril, GIS Specialist



**Legend**

- County Boundary
- Township Boundary
- Section Boundary



This map was created using WINMAPS data and represents water right conditions as of July 14, 2008. GMD#5 exercises great care in creating data presentations but offers no guarantee of accuracy or completeness of the data.

CP 14 - ROAD STATION