

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1322301

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:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from North / South Line of Section
City: State: Zip: +	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SHOW □ 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: □	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening □ Re-perf. □ Conv. to ENHR □ Conv. to SWD □ Plug Back □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
☐ SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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 II 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. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott			
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)					g Formation (Top), Depth and Datum Sample			
Samples Sent to Geological Survey		Nam	Э		Тор	Datum		
Cores Taken Electric Log Run		Yes No						
List All E. Logs Run:								
		0.0000						
		CASING Report all strings set-c	RECORD Ne conductor, surface, inte		ion, 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 / SQU	EEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives				
Perforate Protect Casing								
Plug Back TD Plug Off Zone								
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	p questions 2 an	d 3)	
	· · · · · · · · · · · · · · · · · · ·	aulic fracturing treatment ex	_			p question 3)	of the ACO 1)	
was the hydraulic fractur	ring treatment information	submitted to the chemical of	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		N RECORD - Bridge Plug potage of Each Interval Perf				e, Shot, Cement Squeeze Record Int and Kind of Material Used) Depth		
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	Oil B		Mcf Wate			Gas-Oil Ratio	Gravity	
DISPOSITIO	ON OF GAS:	, and a second	METHOD OF COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	mmingled	THODOGHC	THE THE LIVAL.	
(Submit ACO-5) (Submit ACO-4)								

Form	ACO1 - Well Completion
Operator	Phillips 66 Pipeline, LLC
Well Name	BORGER/CHICAGO-BLUE/GOLD MP 245
Doc ID	1322301

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	_	Type Of Cement	Type and Percent Additives