



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1322482
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: _____



1322482

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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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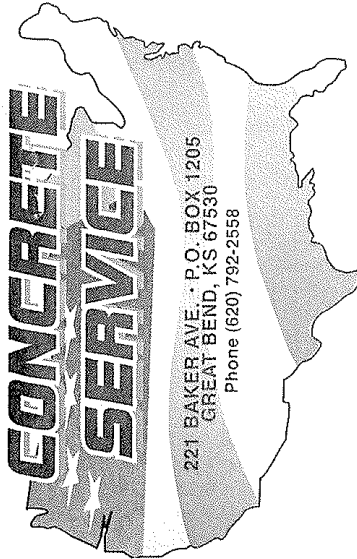
Form	ACO1 - Well Completion
Operator	Magellan Pipeline Company LP
Well Name	EL DORADO TO AURORA 10"/12" MP134.397
Doc ID	1322482

Tops

Name	Top	Datum
Top Soil	0'	10'
Tan Clay	20'	30'
Small Sand	40'	40'
Tan Clay Silty Soft	50'	50'
Tan Clay w/ Small Sand	60'	90'
Small Sand	100'	100'
Tan Clay	110'	110'
Sand, Clay and Ironclad Rock Mix	120'	140'
Gray Shale	150'	180'
Gray Shale/Sandstone	190'	200'
Gray Shale	210'	350'

ORIGINAL COPY

IMPORTANT
 CAUTION: Freely moving material around in excess may cause an accident. Avoid areas of traffic where possible and wash exposed skin areas promptly with water if any cementitious material gets on the eye. Keep immediately and repeatedly with water and get prompt medical attention. **KEEP OUT OF REACH OF CHILDREN**
 EXTRA CHARGE FOR EXCESS UNLOADING TIME
SIGN HERE
 X
 RECEIVED ALL MATERIAL IN GOOD CONDITION NOT RESPONSIBLE FOR QUALITY OF CONCRETE IF WATER IS ADDED BY PURCHASER.



REF #: 17260

The Owners, Marc, Dale & Roy Westhoff Thank You For Your Business

PLANT	ACCOUNT #	PO	JOB ID	DATE	TICKET NO.
01	100000			5/25/16	59038
CUSTOMER NAME	DELIVERY ADDRESS			TAX AUTHORITY	
CASH SALES	Past Fort Larned Go south 2 miles on 180 Ave west on 3 miles North .5 mile			PKDD	
SLURP	TRUCK	DRIVER	YARDS ORDERED	YARDS DELIVERED	LOADS DELIVERED
6	14	DRN	7.50	7.50	1
QUANTITY	ITEM		PRICE	AMOUNT	
7.50 yd	SLURRY		\$235.00	\$1,762.50	

This concrete is designed in accordance to American Concrete Institute standards, any water added to this design will be at purchaser's risk.		All claims and returned goods must be accompanied by this bill. All accounts due and payable 10th of following month. A service charge of 1 1/2% per month (18%) will be assessed on accounts past 30 days. See reverse side for terms and conditions of delivered products.	
Extra water added on site	35	Gals.	
WE CANNOT BE HELD RESPONSIBLE FOR DAMAGE CAUSED BY OUR TRUCKS WHEN DELIVERING MATERIAL BEYOND THE CURB LINE. ACKNOWLEDGE RECEIPT OF THE ABOVE MATERIAL IN GOOD CONDITION. BUYER IS RESPONSIBLE FOR CLEAR ACCESS TO THE JOB SITE. DAMAGE TO ANY OF THE SELLER'S TRUCKS UNDER THEIR OWN POWER. BUYER WAIVES ALL CLAIM FOR PERSONAL OR PROPERTY DAMAGE TO ANY OF THE SELLER'S TRUCKS UNDER THEIR OWN POWER. THIS RELEASES THE SELLER FROM LIABILITY FOR THE FIRST CUBIC YARD AND 10 MINUTES FOR EACH UNIT THEREAFTER AND A CHARGE OF \$5.00 PER EACH 10 MINUTES EXCESS TIME WILL BE MADE.			
MDSE TOTAL	\$1,762.50	SALES TAX	\$149.81
TOTAL AMT. DUE	\$1,912.31		

CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG

		Geological Formation	Final Anode Depth	Electric Log	Before Coke	After Coke	Anode No.	
Native Fill (0'-3')	→							
10" Casing (0'-168')	→	10' Top Soil						
		20' Tan Clay						
		30' Small Sand						
(3'-191") Neat Cement	→	40' Tan Clay Silty Soft						
		50' Tan Clay Small Sand Mix						
		60' Tan Clay w/ Streaks of Small Sand						
		70' Tan Clay w/ Streaks of Small Sand						
		80' Tan Clay w/ Streaks of Small Sand						
		90' Small Sand						
		100' Tan Clay soft w/ Fine Small Sand Mix						
(191'-350') Loresco SC-3 Coke Breeze	→	110' Small Sand, Tan Clay, Ironclad Rock Mix						
124 bags		120' Small Sand, Tan Clay, Ironclad Rock Mix						
		130' Small Sand, Tan Clay, Ironclad Rock Mix						
		140' Gray Shale						
		150' Gray Shale						
		160' Gray Shale						
		170' Gray Shale						
		180' Gray Shale						
		190' Gray Shale w/ Streaks of Sandstone						
10' Centers 15 Anotec 3884Z Anodes	→	200' Gray Shale w/ Streaks of Sandstone						
(205'-350')		210' Gray Shale w/ Streaks of Sandstone	205'			9.4a	15	
		220' Gray Shale	215'			10.4a	14	
		230' Gray Shale	225'			11.4a	13	
		240' Gray Shale	235'			11.0a	12	
		250' Gray Shale	245'			11.0a	11	
		260' Gray Shale	255'			11.4a	10	
		270' Gray Shale	265'			11.1a	9	
		280' Gray Shale	275'			11.2a	8	
		290' Gray Shale	285'			11.5a	7	
		300' Gray Shale	295'			10.2a	6	
		310' Gray Shale	305'			10.9a	5	
		320' Gray Shale	315'			11.8a	4	
		330' Gray Shale	325'			12.2a	3	
		340' Gray Shale	335'			11.0a	2	
		350' Gray Shale	345'			9.5a	1	
10"				Test Voltage	12.00V	Total		



**PIPELINE
INTEGRITY
RESOURCES**

Larned, KS
Chase CO MP 134.397

INSTALLED FOR:	Magellan
RECTIFIER ID:	MP 134.397
Location:	Larned, KS
INSTALL DATE:	6/1/16
JOB NO:	T6MM006
INSPECTOR:	Tyler Krause