

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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

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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Griffin, Charles N.
Well Name	SHARRON 3
Doc ID	1323417

Tops

Name	Top	Datum
Lecompton	3479	-1878
Elgin	3521	-1920
Heebner	3689	-2088
Lansing	3885	-2284
Stark Shale	4272	-2671
M/KC	4358	-2757
Mississippi	4443	-2842
Kinderhook	4634	3033
Viola	4736	-3135
Simpson	4840	-3239
Simpson Sand	4847	-3246

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
3	4875-4878	500 gal 7.5% MCA	
3	4838-4844	3000 gal 15% MCA	



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

Job Log

Customer:	Griffin Management		Cement Pump No.:	38117, 19919 7Hrs.		Operator TRK No.:	78938		
Address:	Po Box 347		Ticket #:	1718 13189 L		Bulk TRK No.:	19959, 21010	Jason	
City, State, Zip:	Pratt Ks 67124		Job Type:	Z42 - Cement Production Casing					
Service District:	1718 - Liberal, Ks.		Well Type:	OIL					
Well Name and No.:	Sharron OWWO		Well Location:	33,32,12	County:	Barber	State:	Ks	
Type of Cmt	Sacks	Additives			Truck Loaded On				
AA2	200	.25 Celloflake, 10% Salt, .5 Friction Reducer, 5# Gilonite, 3% Mag Chem 10CR			19959, 21010 Jason		Front	Back	
60/40 Poz	30				19959, 21010		Front	Back	
							Front	Back	
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements		CU. FT.	Man Hours / Personnel			
Lead:	15	1.43	5.79		286	Man Hours:			
Tail:	14.78				30	# of Men on Job:	3		
Time (am/pm)	(BPM)	Volume (BBSL)	Pumps		Pressure(PSI)		Description of Operation and Materials		
			T	C	Tubing	Casing			
17:45							ON LOCATION		
18:00							SAFETY MEETING		
7:10 PM							RUN FLOAT EQUIP.		
7:30 PM							RIG UP		
9:55 PM							RIG TO CIRCULATE		
22:50							RIG TO P.T.		
23:00							PRESSURE TEST TO 3000PSI		
11:02 PM	5	11.9				270	PUMP 500GALLONS MUD FLUSH		
23:09	6.5	50.9 slurry				270	PUMP 200SX AA2 @ 15#		
23:28							SHUTDOWN / DROP PLUG / W.P.		
23:37	7	40				140	DISPLACE WITH KCL WATER		
	7	50				130			
	7	60				130			
	6.9	70				480			
	6.7	80				750			
	6.3	90				870			
	6	100				940			
23:56	5.8	107				1120	SLOW RATE TO 2.0B.P.M. @ 720PSI		
	2	110				770			
24:00:00	2	117.2				790	LAND PLUG PRESSURE UP TO 2030PSI		
0:02							RELEASE BACK --- LATCH DOWN HELD		
0:12							PLUG RAT HOLE W/ 30SX @ 14.78#		
0:20							W.P. / JOB COMPLETE		
Size Hole	7 7/8"	Depth				TYPE	Plug Container		
Size & Wt. Csg.	5 1/2" 15.5#	Depth	4955.46'	New / Used		Packer	Depth		
lbg.		Depth				Retainer	Depth		
Top Plugs		Type				Perfs	CIBP		
Customer Signature: <i>[Signature]</i>						Basic Representative:	Daniel Beck		
						Basic Signature:	<i>Daniel Beck</i>		
						Date of Service:	11/10/2016		