

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

Address 1: ONE WILLIAMS CENTER

Address 2: MD-272

City: TULSA State: OK Zip: 74172 +

Contact Person: MARK LEPICH

Phone: (918) 574-7825

CONTRACTOR: License # 99975

Name: COMPANY SERVICED TOOLS

Wellsite Geologist: N/A

Purchaser: N/A

Designate Type of Completion:

- 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.):

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 Dual Completion
- SWD ENHR GSW
- Permit #: _____
- Permit #: _____
- Permit #: _____
- Permit #: _____

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

AN CP 14 - PRATT STATION

Twp. 26 S. R. 13 East West

2,550 Feet from North / South Line of Section

3,550 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

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

Datum: NAD27 NAD83 WGS84

County: PRATT

Lease Name: SADDLEHORN Well #: 14

Field Name: N/A

Producing Formation: N/A

Elevation: Ground: 5874 Kelly Bushing: 5874

Total Vertical Depth: 400 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 225 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 #:

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

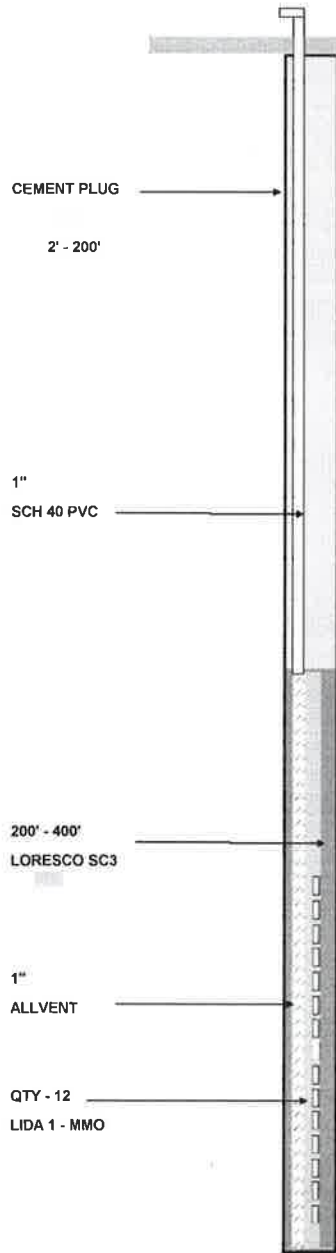
Last Fracture Date: _____ County: PRATT API Number: _____
 Operator Name: MAGELLAN MIDSTREAM Well Name and Number: SADDLEHORN 14
 Latitude: 37.813702 Longitude: -98.788733 Datum: _____
 Production Type: N/A True Vertical Depth (TVD): 400 Total Base Fluid Volume (gal)*: _____

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Number

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

* Total Water Volume sources may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).



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

WATER WELL RECORD Form WWC-5

Original Record Correction Change in Well Use

Division of Water Resources App. No.

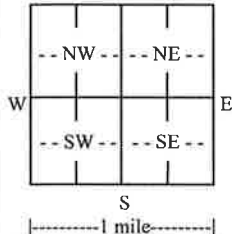
Well ID

CP 14

1 LOCATION OF WATER WELL: County: **PRATT** Fraction NW ¼ NE ¼ SE ¼ ¼ Section Number **6** Township Number T **26** S Range Number R **13** E W

2 WELL OWNER: Last Name: **MAGELLAN MIDSTREAM** First: **ONE WILLIAMS CENTER** Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:
Address: **MD-272** FROM INTERSECTION OF SW 90TH AND NW30TH, 3090 FEET TO THE SOUTH AT MAGELLAN PUMP STATION
City: **TULSA** State: **OK** ZIP: **74172**

3 LOCATE WELL WITH "X" IN SECTION BOX:
N



4 DEPTH OF COMPLETED WELL: **400** ft.
Depth(s) Groundwater Encountered: 1) ft.
2) ft. 3) ft., or 4) Dry Well
WELL'S STATIC WATER LEVEL: ft.
 below land surface, measured on (mo-day-yr)
 above land surface, measured on (mo-day-yr)
Pump test data: Well water was ft. after hours pumping gpm
Well water was ft. after hours pumping gpm
Estimated Yield: gpm
Bore Hole Diameter: **16** in. to **225** ft. and **10** in. to **400** ft.

5 Latitude: **37.813702** (decimal degrees)
Longitude: **-98.788733** (decimal degrees)
Horizontal Datum: WGS 84 NAD 83 NAD 27
Source for Latitude/Longitude:
 GPS (unit make/model:)
(WAAS enabled? Yes No)
 Land Survey Topographic Map
 Online Mapper: **GOOGLE EARTH**

6 Elevation: **1963** ft. Ground Level TOC
Source: Land Survey GPS Topographic Map
 Other

7 WELL WATER TO BE USED AS:

1. Domestic: Household Lawn & Garden Livestock Irrigation Feedlot Industrial

2. Public Water Supply: well ID

3. Dewatering: how many wells?

4. Aquifer Recharge: well ID

5. Monitoring: well ID

6. Environmental Remediation: well ID
 Air Sparge Soil Vapor Extraction Recovery Injection

7. Oil Field Water Supply: lease

8. Test Hole: well ID
 Cased Uncased Geotechnical

9. Geothermal: how many bores?
a) Closed Loop Horizontal Vertical
b) Open Loop Surface Discharge Inj. of Water

10. Other (specify): **CATHODIC PROTECTION**

Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:

Water well disinfected? Yes No

8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded
Casing diameter **10** in. to **225** ft., Diameter in. to ft., Diameter in. to ft.
Casing height above land surface **0** in. Weight **10.808** lbs./ft. Wall thickness or gauge No. **SDR 26**

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel Fiberglass PVC Other (Specify)
 Brass Galvanized Steel Concrete tile None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous Slot Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)
 Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)

SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft., From ft. to ft.

9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
Grout Intervals: From **3** ft. to **225** ft., From ft. to ft., From ft. to ft.

Nearest source of possible contamination:
 Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage
 Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well
 Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well
 Other (Specify)

Direction from well? **NORTHWEST** Distance from well? **2800** ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	45	CLAY			
45	170	SAND			
175	200	CLAY			
200	400	RED CLAY			
Notes:					

11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) **08/18/2016** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **922**. This Water Well Record was completed on (mo-day-year) **10/18/2016** under the business name of **PIPELINE CONTROLS & SERVICES**. Signature *[Signature]*

Big Bend Groundwater Management District No. 5

125 South Main St. P.O. Box 7
Stafford, Kansas 67578

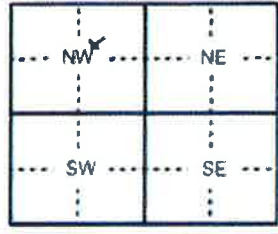
DISTRICT PERMIT NUMBER		
16-02		
Section	Township	Range
6	26S	13W

Well Location: <u>CP 14 - PRATT STAFFORD</u>	NW 14	NE 14	SW 14
County: <u>PRATT</u>			

APPLICANT:
 Contact Person: MARK LEITCH
 Name: MARCELL AN MEDTRON
 Address: ONE WILLIAMS CENTER
 City/State/Zip Code: TULSA OK 74172
 Telephone No.: 713.905.0239
 Fax No.:

CONTRACTOR/DRILLER: License No. 922
 Contact Person: TAMARA HALL
 Name: BILLS WATER WELL
 Address: 295386 ST. HWY 29
 City/State/Zip Code: MARLOWE, OK 73056
 Telephone No.: 580.658.6042
 Fax No.:

Drill Cuttings Recorded At 5 Feet Intervals? (minimum allowable) YES NO (circle one)
 If "NO": What interval?
 Driller's Log attached? YES NO (circle one)
 Geophysical/Electrical logs completed: YES NO (circle one);
 Geophysical/Electrical logs attached: YES NO (circle one);



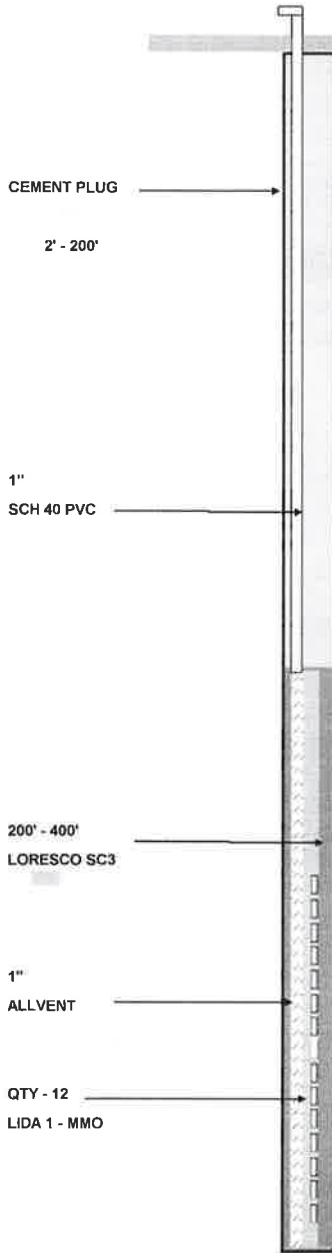
Bore hole completion: Cased Uncased
 Diameter: 16" casing - 10" borehole
 Casing material: PVC
 Outside diameter of surface casing: 10.75
 Minimum wall thickness: .511
 SDR: 21
 Casing interval: 3' TO 225'
 Centralizer locations: 10, 40, 80, 120, 140, 160, 200 feet bis
 Grout material: PORTLAND
 Grout intervals: 3' to 225' feet bis
 Anode conductor (backfill) material: LO 100/20 SC 3
 Anode conductor interval: 225 to 400 feet bis
 Anode interval: 225 TO 395' feet bis

Drilling pit construction: (Mark Yes or No)
 A. Hydraulic conductivity of bottom and side less than 1×10^{-7} cm/sec: _____
 B. Above Ground: _____
 C. Portable STEEL TX

Number of copies of well completion form submitted to GMD #5: 2
 Number of copies of geophysical/electrical logs submitted to GMD #5: 2
 Number of copies of Completion (as built plan) form submitted to GMD #5: 2

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
		<u>SEE ATTACHED LOG</u>			

Date Submitted: 10/28/16



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
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80	SAND	290	RED CLAY
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95	SAND	305	RED CLAY
100	SAND	310	RED CLAY
105	SAND	315	RED CLAY
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195	CLAY		
200	CLAY		

CATHODIC PROTECTION WELL LOG/COMPLETION REPORT

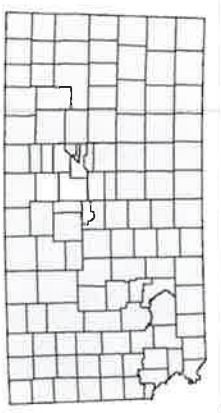
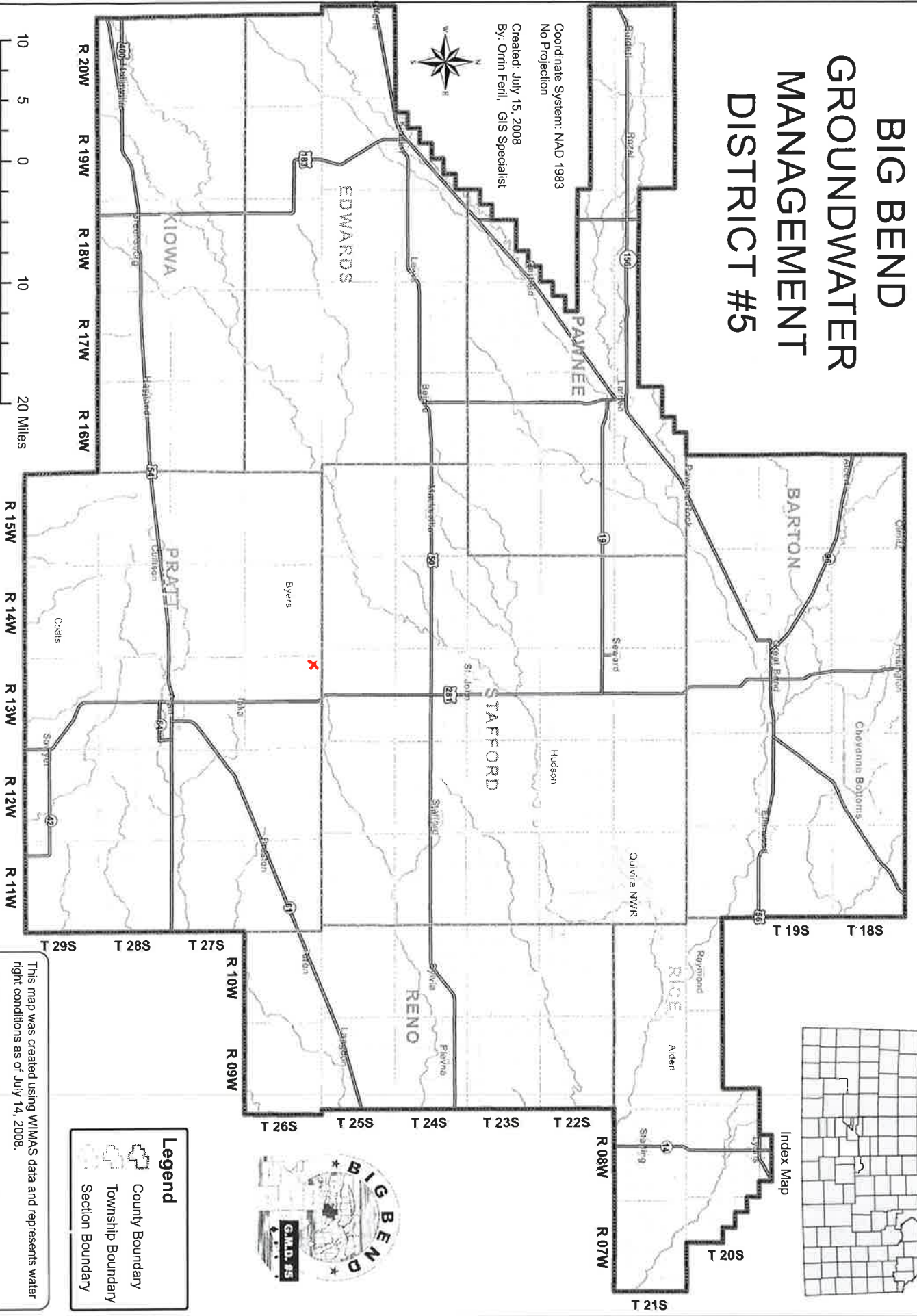
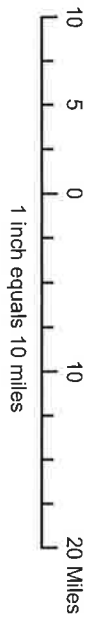


235 Hembree Park Drive
Roswell, GA 30076
770.619.5666
www.pjpecs.com

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

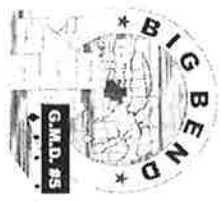
BIG BEND GROUNDWATER MANAGEMENT DISTRICT #5

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