

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](mailto: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)*

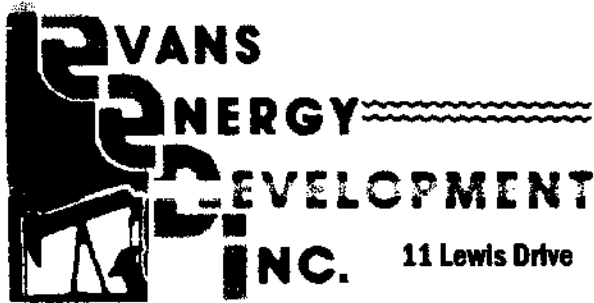
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling  
Water Wells  
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

**WELL LOG**

Tailwater, Inc.

Simon Brothers Farms #32-T

API #15-003-26,559

October 4 - October 5, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	soil & clay	8
6	gravel	14
41	shale	55
28	lime	83
67	shale	150
9	lime	159
5	shale	164
37	lime	201
6	shale	207
24	lime	231
3	shale	234
24	lime	258 base of the Kansas City
178	shale	436
4	lime	440
5	shale	445
6	lime	451 oil show
18	shale	469
1	coal	470
2	shale	472
6	silty shale	478
3	oil sand	481 grey, light oil show
7	shale	488
6	oil sand	494 green, ok bleeding
8	silty shale	502
1	coal	503
2	shale	505
5	lime	510
41	shale	551
13	lime	564
18	shale	582 brown & green, light bleeding
3	lime	585
18	shale	603
2	coal	605
14	shale	619
20	broken sand	639 brown & grey, oil odor, gassy
8	oil sand	647 light brown, oil odor, gassy
6	oil sand	653 brown, light oil show
6	oil sand	659 black, oil odor
8	shale	667

**DRY**

**Flow**

6	silty shale	673
10	shale	683
1	coal	684
7	shale	691
4	broken sand	695 black & white, no bleeding
7	silty shale	702
1	coal	703
51	shale	754
3	sand	757 white, no oil
83	shale	840 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 840'

Set 22.4' of 7" surface casing with 5 sacks of cement.

This well was plugged from 630'-580' with 10 sacks of cement, 275'-225' with 10 sacks of cement, and from 175' to the top.

3613A Y Road  
Madison, KS 66860  
Ph: 620-437-2661  
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway  
Garnett, KS 66032  
Ph: 785-448-3100  
Fax: 785-448-3102

FED ID# 48-1214033  
MC ID# 165290

Remit to: Hurricane Services, Inc.  
250 N. Water, Suite 200  
Wichita, KS 67202

Customer:

MARTIN OIL PROPERTIES  
% CHRISTIAN MARTIN  
6421 AVONDALE DR., STE 212  
OKLAHOMA CITY, OK 73116-6428

Invoice Date: 10/17/2016  
Invoice #: 0024385  
Lease Name: SIMION BROTHERS  
Well #: 32T  
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 100691 Plug to Abandon	0.000	0.000	0.00
Cement Pump	1.000	675.000	675.00
Bulk truck #241	1.000	300.000	300.00
Cement Pozmix 60/40	65.000	12.000	780.00 T
Bentonite Gel	224.000	0.300	67.20
80bbl Vac Truck #109	1.000	84.000	84.00
City water	2,310.000	0.013	30.03
Bid price	1.000	195.000-	195.00-T
Bid price	1.000	364.060-	364.06-

Net Invoice 1,377.17  
Sales Tax: (8.00%) 46.81  
**Total** 1,423.98

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

**WE APPRECIATE YOUR BUSINESS!**



**TREATMENT REPORT**



**HURRICANE SERVICES INC**

Customer: Tailwater Inc.	Date: 10/17/2016	Ticket No.: 100691
Field Rep:		
Address:		
City, State:		
County, Zip:		

Field Order No.: 100691	Open Hole: 840	Perf Depths (ft)	Perfs
Well Name: Simion Brothers 32-T	Casing Depth:		
Location: Garnett	Casing Size:		
Formation:	Tubing Depth: 630' DP		
Type of Service: PTA	Tubing Size:		
Well Type: Oil	Liner Depth:		
Age of Well: New	Liner Size:		
Packer Type:	Liner Top:		
Packer Depth:	Liner Bottom:		
Treatment Via: 4" Drill Pipe	Total Depth: 840		
		Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
11:30 AM					Called Out			
12:15 PM					On Location W/ Trucks Hold Safety Meeting			
					Spot & Set Up Trucks			
12:30 PM					Hook Up To 4" Drill Pipe			
					1 St Plug @ 630' 10 Sacks 60/40 4% Gel			
12:36 PM	2.5		40.0		Start Pumping H2O Break Circulation			6.00
	2.5		40.0		Start Mix & Pump 10 Sacks			2.53
	2.5		40.0		Start Displacement H2O			6.00
12:44 PM					Shut Down Vaccum			
					Rig PDPOOH			
					2 Nd Plug @ 275' 10 Sacks 60/40 4% Gel			
12:57 PM	2.5		30.0		Start Pumping H2O Break Circulation			2.00
	2.5		30.0		Start Mix & Pump 10 Sacks			2.53
	2.5		30.0		Start Displacement H2O			2.00
1:04 PM					Shut Down Vaccum			
					Rig PDPOOH			
					3 Rd Plug @ 175'			
1:11 PM					Start Mix & Pump 35 Sacks			8.85
TOTAL:						-	-	32.44

**SUMMARY**

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
2.5	2.5	40.0	35.0

**PRODUCTS USED**

65 Sacks 60/40 4% Gel

Treater: Todd Seba

Customer: Dan Hutchinson



