

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 Recompletion Date _____ 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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TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	TAILWATER, INC	Date:	10/4/2016	Ticket No.:	100810
Field Rep:	DAN HUTCHINSON				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100810	Open Hole:	858'	Perf Depth (ft)	Perfs
Well Name:	SIMION BRO 24-IW	Casing Depth:			
Location:	GARNETT, KS	Casing Size:			
Formation:		Tubing Depth:	849'		
Type of Service:	LONSTRING	Tubing Size:	2 7/8"		
Well Type:		Linear Depth:			
Age of Well:		Linear Size:			
Packer Type:		Linear Top:			
Packer Depth:		Linear Bottom:			
Treatment Via:	TUBING	Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (GAL)	HCL (GAL)	FLUID (GAL)
	FLUID	N2CO2	STP	ANNULUS				
1:10 PM					ON LOCATION			
					SAFETY MEETING			
					SPOT IN AND RIG UP			
	2.0		200.0		LOAD HOLE WITH FRESHWATER			8.00
	2.0		200.0		MIX AND PUMP GEL SPACER			8.00
	2.0		200.0		PUMP WATER TO BRING GEL AROUND			8.00
	2.0		200.0		MIX AND PUMP DYED WATER			2.00
	2.0		300.0		MIX AND PUMP CEMENT			24.31
					STOP			
					WASH PUMP AND LINES			8.00
					DROP PLUG			
	2.0		800.0		DISPLACE			5.00
1:44 PM			1,100.0		BUMP PLUG			
1:48 PM			800.0		HOLD PRESSURE FOR 30 MIN			
2:15 PM					BLEED PRESSURE TO 600 PSI			
					WASH PUMP UP			
					RIG DOWN			
TOTAL:						-	-	62.31

Max FI Rate	Avg FI Rate	Max PSI	Avg PSI
2.0	2.0	1,100.0	437.5

PRODUCTS USED

111 SX 50:50 + 2%GEL + 1/4# PHENOSEAL

Treater: JAKE HEARD

Customer: DAN HUTCHINSON



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 #24-IW

API #15-003-26,557

September 30 - October 3, 2016

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
68	shale	80
31	lime	111
62	shale	173
11	lime	184
3	shale	187
35	lime	222
7	shale	229
21	lime	250
3	shale	253
26	lime	279 base of the Kansas City
175	shale	454
5	lime	459
9	shale	468
5	lime	473 oil show
12	shale	485
6	broken sand	491 brown & green, ok bleeding
29	shale	520
1	coal	521
9	shale	530
9	lime	539
13	shale	552
2	lime	554
77	shale	631
6	broken sand	637 brown & green, ok bleeding
34	shale	671
1	lime & shells	672
7	oil sand	679 brown, ok bleeding
116	shale	795
8	oil sand	803 brown, good bleeding
2	limey sand	805 white, no oil
5	oil sand	810 brown, good bleeding
49	shale	859 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 859'

Set 22.5' of 7" surface casing with 5 sacks of cement.

Set 849.8' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, and 1 clamp.