

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 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) (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	Colt Energy Inc
Well Name	PENDLEY 33
Doc ID	1324069

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	1352-1363		
		155 BBL of Gel'd water, 5sx of 16/30 sand and 35 sx of 12/20 sand	1352-1363



Mud Rotary Drilling  
 Andrew King - Manager/Driller

**Bar Drilling, LLC**  
 Phone: (719) 210-8806

1317 105th Rd.  
 Yates Center, KS 66783

Company/Operator Colt Energy Inc P O Box 388 Iola, KS 66749		Lease Name Pendley		Well Location 2502 fsl, 1947fe		1/4 NE	1/4 NE	1/4 NW	Sec. 22	Twp. 26s	Rge. 14e
Well No. 33		Type/Well Oil		County Woodson		State KS		Date Started 11/7/2016		Date Completed 11/10/2016	
Well API # 15-207-29380		Surface Record		Bit Record		Coring Record					
Job/Project Name/No.		Type	Size	From	To	Core #	Size	From	To	% Rec.	
Driller/Crew Andy King		Bit Size:	11 1/4	PDC	0'	1	3"	1338	1367	100	
Charles King		Casing Size:	8 5/8	PDC	42			1367	1395	99	
		Casing Length:	42								
		Cement Used:	35sx								
		Cement Type:	Portland								

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	17	soft sand	1322	1328	sandy shale (oil odor)			
17	60	overbuden	1328	1336	sandy shale (oil show)			
60	260	shale	1336	1338	"			
260	532	lime	1338	1367	1st core			
532	610	shale	1367	1395	2nd core			
610	780	lime	1395	1460	shale			
780	880	shale	1460	1470	grey sand			
880	886	lime	1470	1472	Miss Lime			
886	916	shale						
916	928	lime						
928	959	shale						
959	985	sandy shale						
985	1026	shale						
1026	1057	lime						
1057	1064	shale						
1064	1086	lime						
1086	1091	shale						
1091	1097	lime						
1097	1113	shale						
1113	1121	oil sand						
1121	1176	sandy shale						
1176	1178	lime						
1178	1322	sandy shale						

**Well Notes:**  
 ran 4 1/2" casing

210 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561

API# 15-207-29367



**Cement or Acid Field Report**

Ticket No. **2946**

Foreman Rick Lefford

Camp \_\_\_\_\_

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-10-16	1003	Pendley #33	22	26	14E	Woodson	Ks
Customer Salt Energy Inc.			Unit #		Driver		Unit #
Mailing Address P.O. Box 388			105		Dave G.		
City Tola			110		Kevin M.		
State Ks		Zip Code 66219					

Job Type LJS Hole Depth 1472 Slurry Vol. 416 Bbl Tubing \_\_\_\_\_  
 Casing Depth 1433.95 Hole Size 10 3/4" Slurry Wt. 13.8<sup>00</sup> Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" / 10.5#/ft Cement Left in Casing 4' 55" Water Gal/SK 9<sup>0</sup> Other \_\_\_\_\_  
 Displacement 22 3/4 Bbl Displacement PSI 850 Bump Plug to 1250 BPM \_\_\_\_\_

Remarks: Safety meeting - Rig up to 4 1/2" casing Break circulation w/ fresh water Pump to 500 gal fresh w/ bulls, 5 Bbl water spacer. Mixed 150 sacks thickset cement w/ 2<sup>nd</sup> phenoxal/sk @ 13.8<sup>00</sup> / gal. Washout pump + lines, release 4 1/2" rubber plug. Displace w/ 22 3/4 Bbl fresh water Final pump pressure 850 PSI. Bump plug to 1250 PSI release pressure, float + plug held Good cement returns to surface = 3 Bbl slurry to pit. Job complete Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge		
C107	25	Mileage		
C201	150 sacks	thickset cement		
C208	360 <sup>00</sup>	2 <sup>nd</sup> phenoxal/sk		
C206	300 <sup>00</sup>	gel-slush		
C214	40 <sup>00</sup>	bulls		
C108A	8.25	for mileage bulk tax		
			Subtotal	
			Sales Tax	

Authorization R. R. Lefford Title \_\_\_\_\_

Total

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.