

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	Unit Petroleum Company
Well Name	URBAN 13 1H
Doc ID	1326904

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	28	16	65	145	common	144	0
Intermediate	12.25	9.625	36	1509	Class C	725	2% CC, .25#/sk Flocele
Intermediate	8.75	7	29	4278	Prem	250	2% CC, .25#/sk Flocele
Liner	6.125	4.5	13.5	8365	Prem	460	2% CC, .25#/sk Flocele

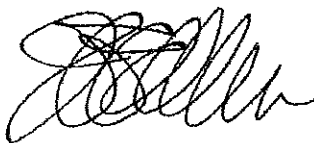
Mid-Continent Conductor, LLC

P.O. Box 1570, Woodward, OK 73802
Ph. 580-254-5400 Fax 580-254-3242

CEMENTING REPORT

Operator: Unit Corporation
Well Name: Urban 13-1H
Legal Description: Reno Cnty, KS

Cement Casing Data	
Cementing Date	11/26/13
Size of Drill Bit (Inches)	28
Size of Casing (Inches O.D.)	16
Setting Depth of Casing (ft.) from ground level	145
Type of Cement	Common Cement
Sacks of Cement Used	144
Was cement circulated?	Yes
Job witnessed by: Ronnie Jackson	



Jeff M. Owen
Mid-Continent Conductor, LLC

JOB SUMMARY			PROJECT NUMBER SOK 5771	TICKET DATE 11/09/16
COUNTY Reno	State Kansas	COMPANY Unit Petroleum	CUSTOMER REP Larry Miller	
LEASE NAME Urban	Well No. 13-1H	JOB TYPE Surface	EMPLOYEE NAME Brett Armer	

EMP NAME Brett Armer					
Jared Green					
Jeremy Truong					
Mike Shoemaker					

Form. Name _____ Type: _____

Packer Type _____ Set At **0**

Bottom Hole Temp. **80** Pressure _____

Retainer Depth _____ Total Depth **1518**

	Called Out	On Location	Job Started	Job Completed
Date	11/9/2016	11/9/2016	11/9/2016	11/9/2016
Time	001	0500	1527	1648

Tools and Accessories		
Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data						
	New/Used	Weight	Size Grade	From	To	Max. Allow
Casing		36#	9 5/8"	Surface	1,518	1,500
Liner						
Liner						
Tubing			0			
Drill Pipe						
Open Hole			12 1/4"	Surface	1,515	Shots/Ft.
Perforations						
Perforations						
Perforations						

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	resh Water	BBL	10 8.33
Spacer type	BBL		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		in
NE Agent	Gal.		in
Fluid Loss	Gal/Lb		in
Gelling Agent	Gal/Lb		in
Fric. Red.	Gal/Lb		in
MISC.	Gal/Lb		in

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/9	12.0	11/9	1.5	Surface
Total	12.0	Total	1.5	

Perpac Balls _____ Qty. _____

Other _____

Other _____

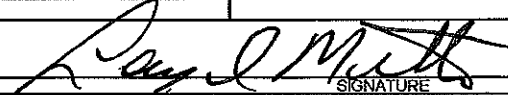
Other _____

Other _____

Pressures	
MAX	1,500 PSI
AVG.	200
Average Rates in BPM	
MAX	6 BPM
AVG	5
Cement Left in Pipe	
Feet	40
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	480	Tex Lite Premium Plus 65	6% Gel - 2% Calcium Chloride - 1/2 pps Celloflake - 0.2% X-Air	10.88	1.84	12.70
2	245	Premium Plus (Class C)	2% Calcium Chloride - 1/2 pps Cello-Flake	6.32	1.32	14.80
3	*200	Premium Plus (Class C)	*2% Calcium Chloride on side to use if necessary	*6.32	*1.32	*14.8

Summary					
Preflush Breakdown	Type: _____	MAXIMUM _____	Lost Returns-N _____	Actual TOC _____	Bump Plug PSI: _____
Average	5 Min. _____	10 Min. _____	15 Min. _____	Final Circ. _____	Cement Slurry: _____
Preflush:	BBI	10.00	Type: Fresh Water		
Load & Bkdn:	Gal - BBI	N/A	Pad:Bbl -Gal	N/A	
Excess /Return	BBI	100	Calc. Disp Bbl	114	
Calc. TOC:		SURFACE	Actual Disp.	114.00	
	PSI:	400	Disp:Bbl		
	BBI	215.0			
	BBI	339.00			

CUSTOMER REPRESENTATIVE _____

 SIGNATURE

JOB SUMMARY				PROJECT NUMBER SOK 5773	TICKET DATE 11/14/16
COUNTY Reno	STATE Kansas	COMPANY Unit Petroleum	CUSTOMER REP 0		
LEASE NAME Urban	Well No. 13-1H	JOB TYPE Intermediate	EMPLOYEE NAME Kyle Laskowitz		

0.00	0				
0.00					
0.00					
0.00					

Form. Name _____ Type: _____
 Packer Type _____ Set At **0**
 Bottom Hole Temp. **140** Pressure _____
 Retainer Depth _____ Total Depth **4300**

Date	Called Out 11/14/2016	On Location 11/14/2016	Job Started 11/14/2016	Job Completed 11/14/2016
Time	5:30 am	8:40 am	10:15 am	1:30 pm

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Va	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		29#	7"		Surface	4,300	1,500
Liner							
Liner							
Tubing			0				
Drill Pipe							
Open Hole			8 1/2"		Surface	4,300	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	Fresh Water BBL.	10	8.33
Spacer type	BBL.		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		In
NE Agent	Gal.		In
Fluid Loss	Gal/Lb		In
Gelling Agent	Gal/Lb		In
Fric. Red.	Gal/Lb		In
MISC.	Gal/Lb		In

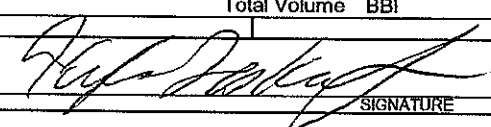
Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/14	4.0	11/14	1.0	Intermediate
Total	4.0	Total	1.0	

Perfpac Balls _____ Qty. _____
 Other _____
 Other _____
 Other _____
 Other _____

MAX	2,000 PSI	AVG.	140
MAX	6 BPM	AVG	4
Feet	44	Cement Left in Pipe	Reason SHOE JOINT

Cement Data							
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal	
1	150	50/50 Poz Premium	4% Gel - 0.4% FL-17 - 0.1% DO1 - 0.2% X-Air - 2#/sk Phenoseal	6.77	1.44	13.60	
2	100	Premium H	0.4% FL-17 - 0.1% DO1	5.20	1.18	15.60	
3	0	0		0	0.00	0.00	0.00

Summary			
Preflush Breakdown	Type: _____	Preflush: BBI	25.00
	MAXIMUM 1,500 PSI	Load & Bkdn: Gal - BBI	N/A
	Lost Returns-# NO/FULL	Excess /Return BBI	
	Actual TOC _____	Calc. TOC: _____	2116
Average ISIP 5 Min. _____	Bump Plug PSI: 1,200	Final Circ. PSI: _____	620
	10 Min. _____	Cement Slurry BBI	59.5
		Total Volume BBI	241.49
		Type: Mudwash	
		Pad: Bbl - Gal	N/A
		Calc. Disp Bbl	157
		Actual Disp.	157.00
		Disp: Bbl	

CUSTOMER REPRESENTATIVE  SIGNATURE

JOB LOG			PROJECT NUMBER SOK 5773		TICKET DATE 11/14/16	
COMPANY Unit Petroleum		COUNTRY USA			STATE Kansas	COUNTY Reno
LEASE NAME Urban 13-1H	Well No.	EMPLOYEE NAME Kyle Laskowitz				CUSTOMER REP
FIELD		SEC / TWP / RNG 13/25S/10W				TICKET AMOUNT #REF!
API/Well# 15-155-21675-01-01		JOB PURPOSE Intermediate			WELL TYPE Oil & Gas	

	Time	Rate (BPM)	Volume (BBL)(GAL)	Press.(PSI)		Job Description / Remarks
				CSG.	Tbg	
11/14/2016	5:30 am					TIME ARRIVED IN YARD
	5:40					Fit for duty meeting
	6:00					Headed to location from yard!
	8:35					Arrived on location
	8:40					Wait on casing to be ran
	10:15					Safety meeting
	10:30					Rig up
	11:50			3000		Pressure test
	11:52	4.0	25.0	180		Pump mudwash spacer
	12:00 pm	4.0	38.5	200		Pump lead cement @ 13.6
	12:10	4.0	21.0	110		Pump tail cement @ 15.6
	12:20					Shut down and drop plug
	12:22	6.5	147.0	80		Start displacement
	12:45	3.0	10.0	650		Slow down to land plug
	12:50	3.0	156.0	1200		Land plug
	12:55					Check Floats
	1:00					Rig down
	1:30					Head to the yard

						SUPERVISOR SIGNATURE <i>X. [Signature]</i>	
Bumped Plug	Final lift Psi	Floats Held	PSI ON CSG	CEMENT SURFACE			
YES	650	YES	1200.0	NO			

JOB SUMMARY			PROJECT NUMBER SOK 5785	TICKET DATE 11/21/16
COUNTY Reno	State Kansas	COMPANY Unit Petroleum	CUSTOMER REP Larry Miller	
LEASE NAME Urban	Well No. 13-1H	JOB TYPE Production	EMPLOYEE NAME Brett Armer	

EMP NAME					
Brett Armer		0			
Daniel Wells					
Leonard Titus					
0.00					

Form. Name _____ Type: _____
Packer Type _____ Set At **4,300'**
Bottom Hole Temp. **124** Pressure _____
Retainer Depth _____ Total Depth **8404**

Date	Called Out	On Location	Job Started	Job Completed
	11/20/2016	11/21/2016	11/21/2016	11/21/2016
Time	2000	0300	1908	2130

Type and Size	Qty	Make
Auto Fill Tube	0	IR
Insert Float Val	0	IR
Centralizers	0	IR
Top Plug	0	IR
HEAD	0	IR
Limit clamp	0	IR
Weld-A	0	IR
Texas Pattern Guide Shoe	0	IR
Cement Basket	0	IR

Well Data							
	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing							
Liner		13.5	4 1/2			4,385	
Drill collars						926	
Heavy			0			922	
Drill Pipe						2,120	
Open Hole			6 1/8"		Surface	9,000'	Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials			
Mud Type	WBM	Density	9 Lb/Gal
Disp. Fluid	Fresh Water	Density	8.33 Lb/Gal
Spacer type	Resh Water BBL		10 8.33
Spacer type	BBL		
Acid Type	Gal.		%
Acid Type	Gal.		%
Surfactant	Gal.		ln
NE Agent	Gal.		ln
Fluid Loss	Gal/Lb		ln
Gelling Agent	Gal/Lb		ln
Fric. Red.	Gal/Lb		ln
MISC.	Gal/Lb		ln

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
11/21	19.0	11/21	2.5	Production
Total	19.0	Total	2.5	

Perfpac Balls _____ Qty. _____
Other _____
Other _____
Other _____
Other _____

Pressures	
MAX	1,500 PSI
AVG.	1000
Average Rates in BPM	
MAX	6 BPM
AVG	4.5
Cement Left in Pipe	
Feet	50
Reason	SHOE JOINT

Cement Data						
Stage	Sacks	Cement	Additives	W/Rq.	Yield	Lbs/Gal
1	460	50/50 Poz Premium	4% Gel - 0.4% FL-4 - 0.1% SA-1 - 0.2% X-Air - 0.5% C-45 - 2#/sk Phenoseal	7.10	1.45	13.60
2	0	0		0	0.00	0.00
3	0	0		0	0.00	0.00

Summary					
Preflush	_____	Type: _____	Preflush: BBI	25.00	Type: Mudwash
Breakdown	_____	MAXIMUM	Load & Bkdn: Gal - BBI	N/A	Pad:Bbl -Gal N/A
	_____	Lost Returns-N	Excess /Return BBI	40	Calc. Disp Bbl 109
	_____	Actual TOC	Calc. TOC:	3,968	Actual Disp. 109.00
Average	_____	Bump Plug PSI:	Final Circ. PSI:	1,150	Disp:Bbl _____
ISIP	5 Min. _____	10 Min. _____	Cement Slurry: BBI	119.0	
		15 Min. _____	Total Volume BBI	253.00	

CUSTOMER REPRESENTATIVE *[Signature]*
SIGNATURE

