CORRECTION #1

Kansas Corporation Commission Oil & Gas Conservation Division

1333372

Form ACO-1 August 2013 Form must be Typed Form must be Signed All blanks must be Filled

# WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15			
Name:	Spot Description:			
Address 1:	SecTwpS. R 🔲 East 🗌 West			
Address 2:	Feet from North / South Line of Section			
City:	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84			
Wellsite Geologist:				
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:  Producing Formation:			
☐ Oil ☐ WSW ☐ SWD ☐ SIOW				
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:			
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan			
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)			
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls			
Dual Completion Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:				
GSW Permit #:	Operator Name:			
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West			
Recompletion Date Recompletion Date	Countv: 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** 

Confidentiality Requested:

Yes No

KCC Office Use ONLY				
Confidentiality Requested				
Date:				
Confidential Release Date:				
Wireline Log Received				
Geologist Report Received				
UIC Distribution				
ALT I II Approved by: Date:				



### 

Operator Name:			Lease Name:			_ Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	ving and shut-in pressu	ormations penetrated. Eures, whether shut-in preith final chart(s). Attach	essure reached stati	c level, hydrosta	tic pressures, bo		
		tain Geophysical Data a r newer AND an image		gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth a		Sample
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
			conductor, surface, inte		on, 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 / SQL	EEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD	Perforate Protect Casing						
Plug Off Zone							
Does the volume of the t	•	n this well? aulic fracturing treatment ex submitted to the chemical		Yes	No (If No, sh	kip questions 2 and kip question 3) Il out Page Three c	
Shots Per Foot		N RECORD - Bridge Plug			cture, Shot, Cemen		Depth
	Specify Footage of Each Interval Perforated		iorateu	(2)	nount and Kind Of W	ateriai Oseuj	Берш
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No	)	
Date of First, Resumed	Production, SWD or ENF	IR. Producing Meth		Gas Lift C	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wate	er B	bls.	Gas-Oil Ratio	Gravity
DISPOSITI  Vented Solo	ON OF GAS:	Open Hole		Comp. Cor	nmingled	PRODUCTIO	N INTERVAL:
	bmit ACO-18.)	Other (Specify)	(Submit )	ACO-5) (Sub	mit ACO-4)		

Form	ACO1 - Well Completion			
Operator	TDR Construction, Inc.			
Well Name	PATTERSON 19			
Doc ID	1333372			

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	6.250	12	21	Portland	3	50/50 POZ
Production	5.625	2.875	10	761	Portland	115	50/50 POZ

#### **Summary of Changes**

Lease Name and Number: PATTERSON 19

API/Permit #: 15-059-26821-00-01

Doc ID: 1333372

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	12/15/2016	02/08/2017
Date of First or Resumed Production or		12/18/2016
SWD or Enhr Producing Method Pumping	No	Yes
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=13 24853	//kcc/detail/operatorE ditDetail.cfm?docID=13 33372