

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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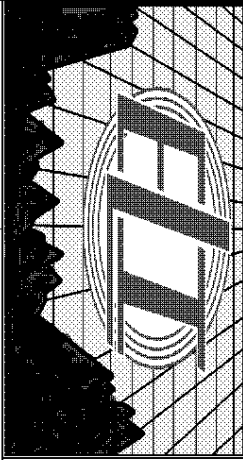
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Lyons Salt Company
Well Name	TOBIAS 1
Doc ID	1355733

All Electric Logs Run

Caliper
Gamma Ray
Neutron Activation
Cement Bond



DUAL RECEIVER CEMENT BOND LOG

Country USA

Company T & C
Well TOBIAS #1
Field
County RICE
State KANSAS

Company T & C
Well TOBIAS #1
Field
County RICE
State KANSAS

Country USA

Location: API #: 15-159-20064-0000

C/N2/N/E/N/E

SEC 17 TWP 20S RGE 8W

Permanent Datum GROUND LEVEL Elevation 1654
Log Measured From KELLY BUSHING
Drilling Measured From KELLY BUSHING

Other Services
CDL/CNL

Elevation
K.B. 1665
D.F. 1663
G.L. 1654

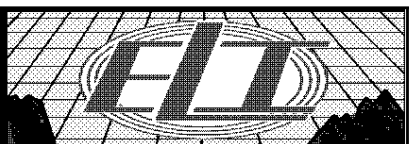
Date	5/17/17			
Run Number	TWO			
Depth Driller	3171			
Depth Logger	250			
Bottom Logged Interval	248			
Top Log Interval	00			
Open Hole Size	7 7/8"			
Type Fluid				
Density / Viscosity				
Max. Recorded Temp.				
Estimated Cement Top	00			
Time Well Ready				
Time Logger on Bottom	3802			
Equipment Number	HAYS KANSAS			
Location	JASON CAPPELLUCCI			
Recorded By	DAN MURTA			
Witnessed By				
Run Number	Borehole Record		Tubing Record	
	Bit	From	To	Size
				Weight
				From
				To
Casing Record	Size	Wgt/Ft	Top	Bottom
Surface String	13 3/8"		00	245
Prod. String				
Production String				
Liner				

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All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

THANK YOU FOR USING ELI WIRELINE
DIRECTIONS:
LYONS KS. - 2 SOUTH - 1 WEST - 1/4 SOUTH - WEST INTO



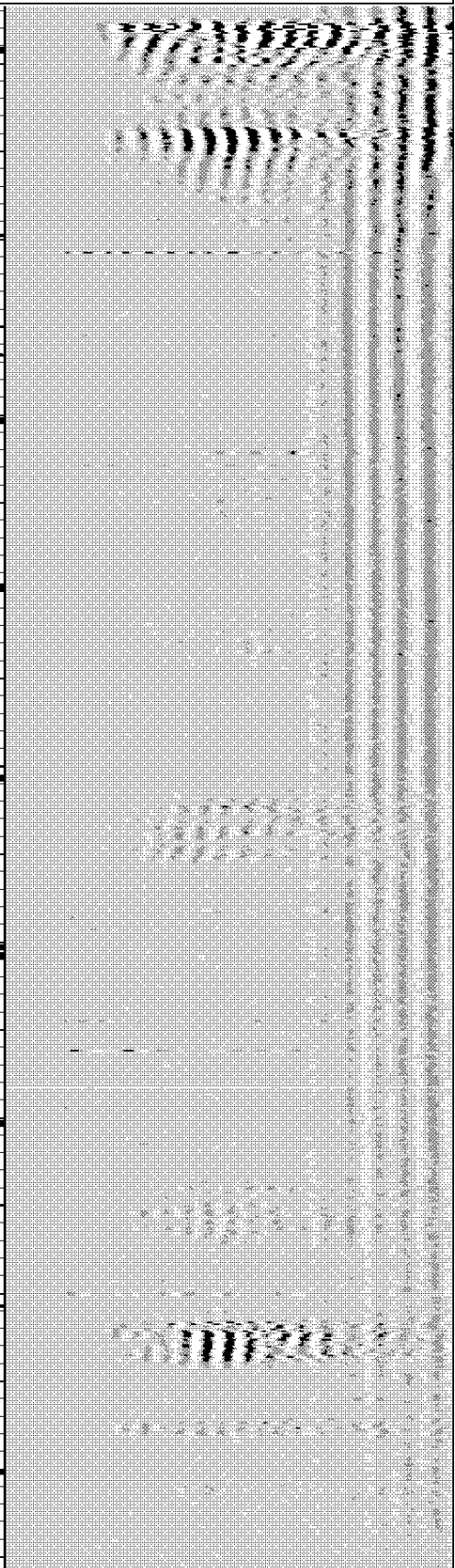
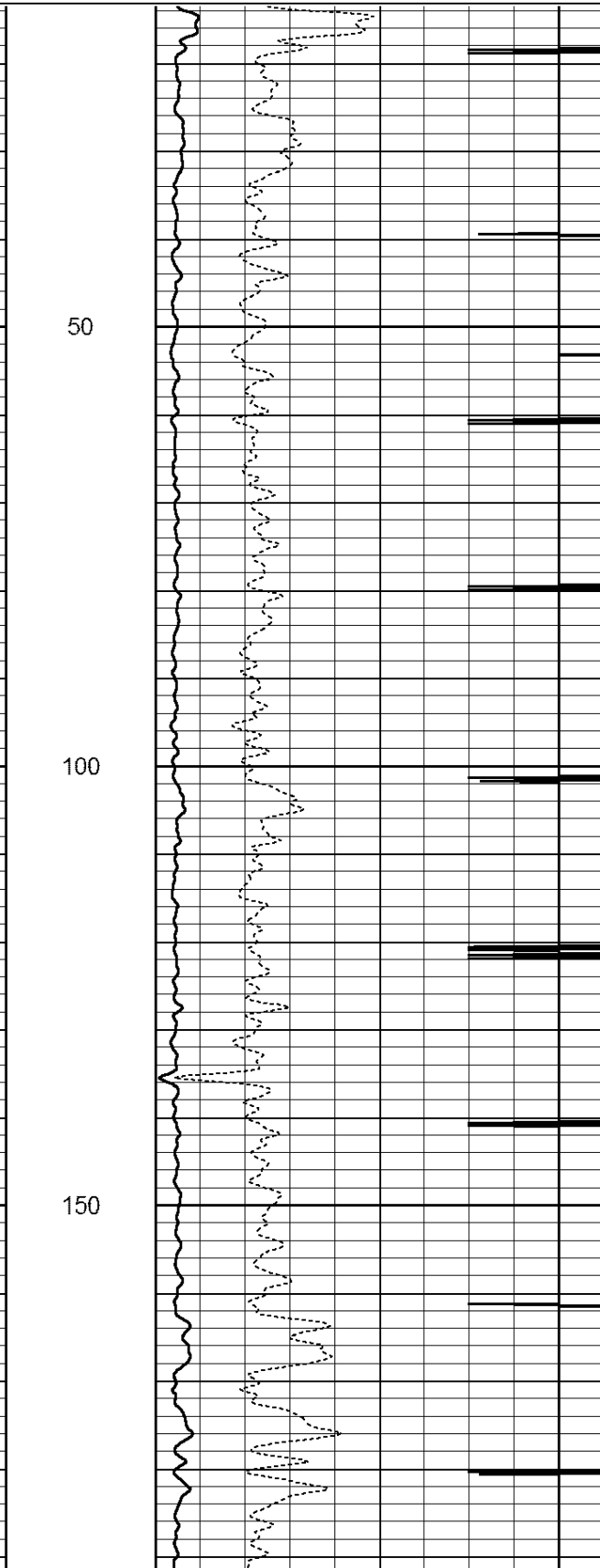
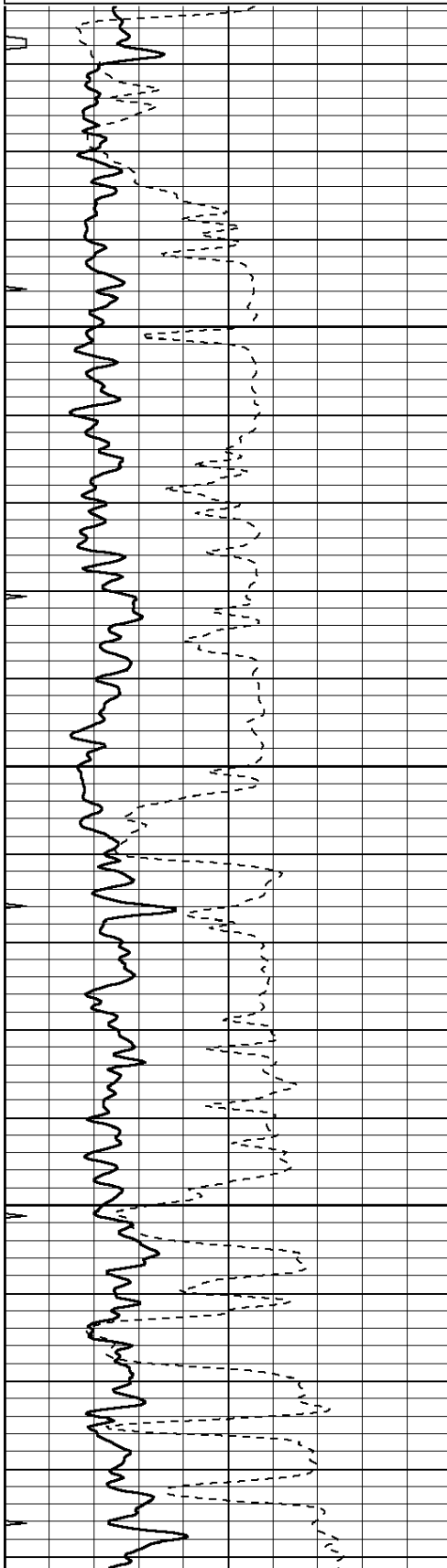
MAIN SECTION

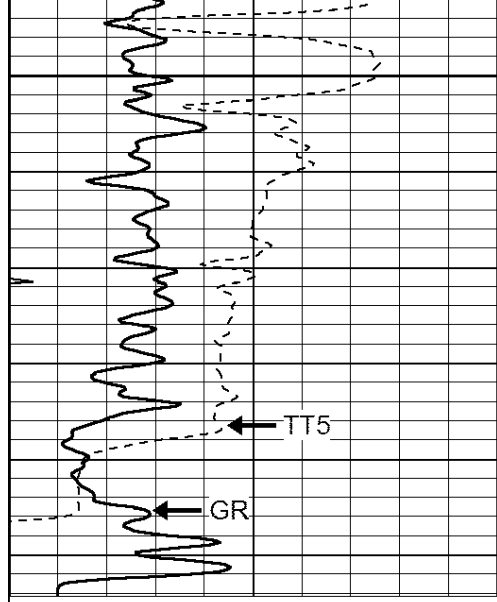
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 Presentation Format: cbl02
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 Charted by: Depth in Feet scaled 1:240

0	Gamma Ray (GAPI)	150
200	5' Travel Time (usec)	1500

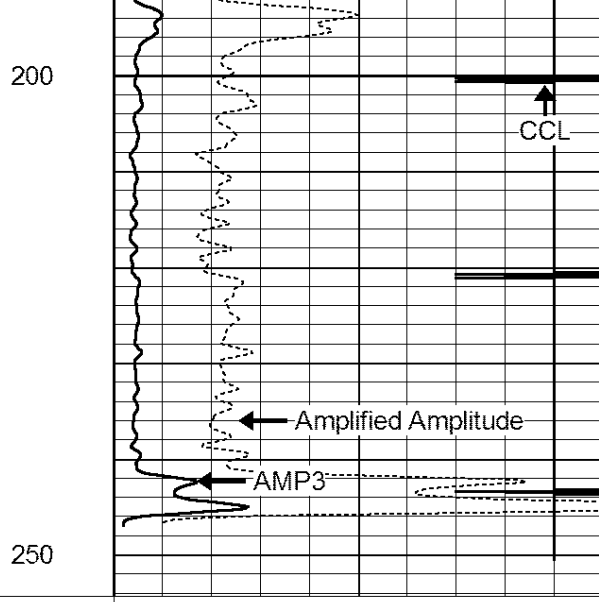
0	AMP3 (mV)	100
9	CCL	-1
0	Amplified Amplitude (mV)	20

200 5FT VDL 1200

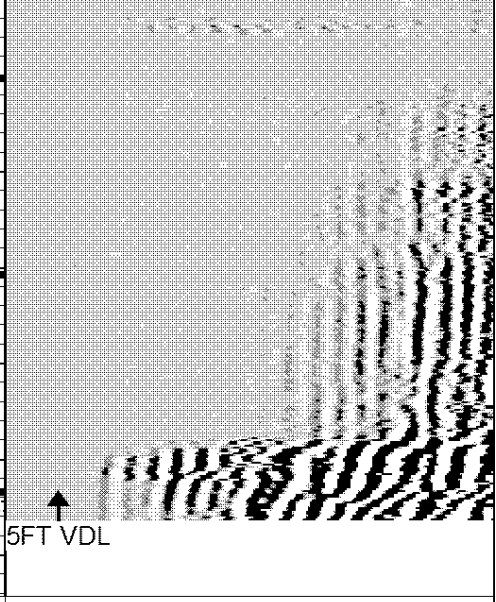




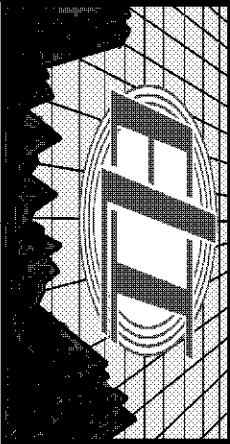
0	Gamma Ray (GAPI)	150
200	5' Travel Time (usec)	1500



0	AMP3 (mV)	100
9	CCL	-1
0	Amplified Amplitude (mV)	20



200	5FT VDL	1200
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**COMPENSATED
DENSITY/NEUTRON
LOG**

Company T & C
Well TOBIAS #1
Field
County RICE State KANSAS

Location: API #: 15-159-20064-0000
C/N2/N/E/N/E
Permanent Datum SEC 17 TWP 20S RGE 8W
Log Measured From GROUND LEVEL Elevation 1654
Drilling Measured From KELLY BUSHING 11' A.G.L. KELLY BUSHING
Other Services CBL
Elevation K.B. 1665
D.F. 1663
G.L. 1654

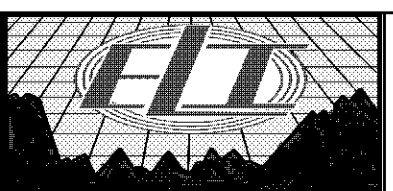
Date	5/17/17
Run Number	ONE
Depth Driller	1371
Depth Logger	1371
Bottom Logged Interval	1369
Top Log Interval	200
Casing Driller	8 5/8" @ 245'
Casing Logger	245'
Bit Size	7 7/8
Type Fluid in Hole	
Density / Viscosity	
PH / Fluid Loss	
Source of Sample	
Rm @ Meas. Temp	
Rmf @ Meas. Temp	
Rmc @ Meas. Temp	
Source of Rmf / Rmc	
Rm @ BHT	
Time Circulation Stopped	2 HOURS
Time Logger on Bottom	
Maximum Recorded Temperature	91F
Equipment Number	3802
Location	HAYS, KANSAS
Recorded By	JASON CAPPELLUCCI
Witnessed By	

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Comments

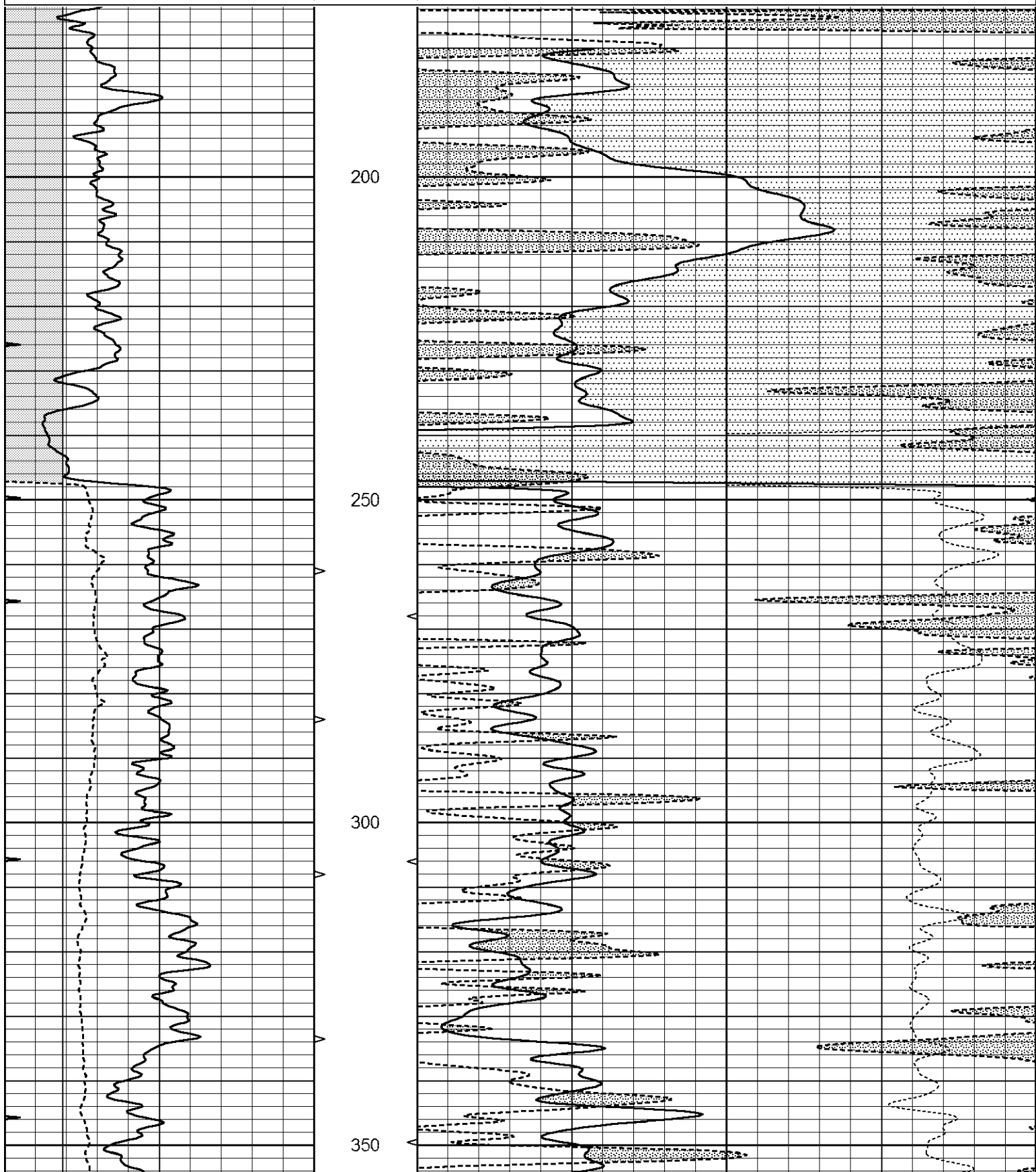
THANK YOU FOR USING ELI WIRELINE SERVICES, HAYS, KS. (785) 628-6395
DIRECTIONS
LYONS, KS. - 2 SOUTH - 1 WEST - 1/4 SOUTH - WEST INTO

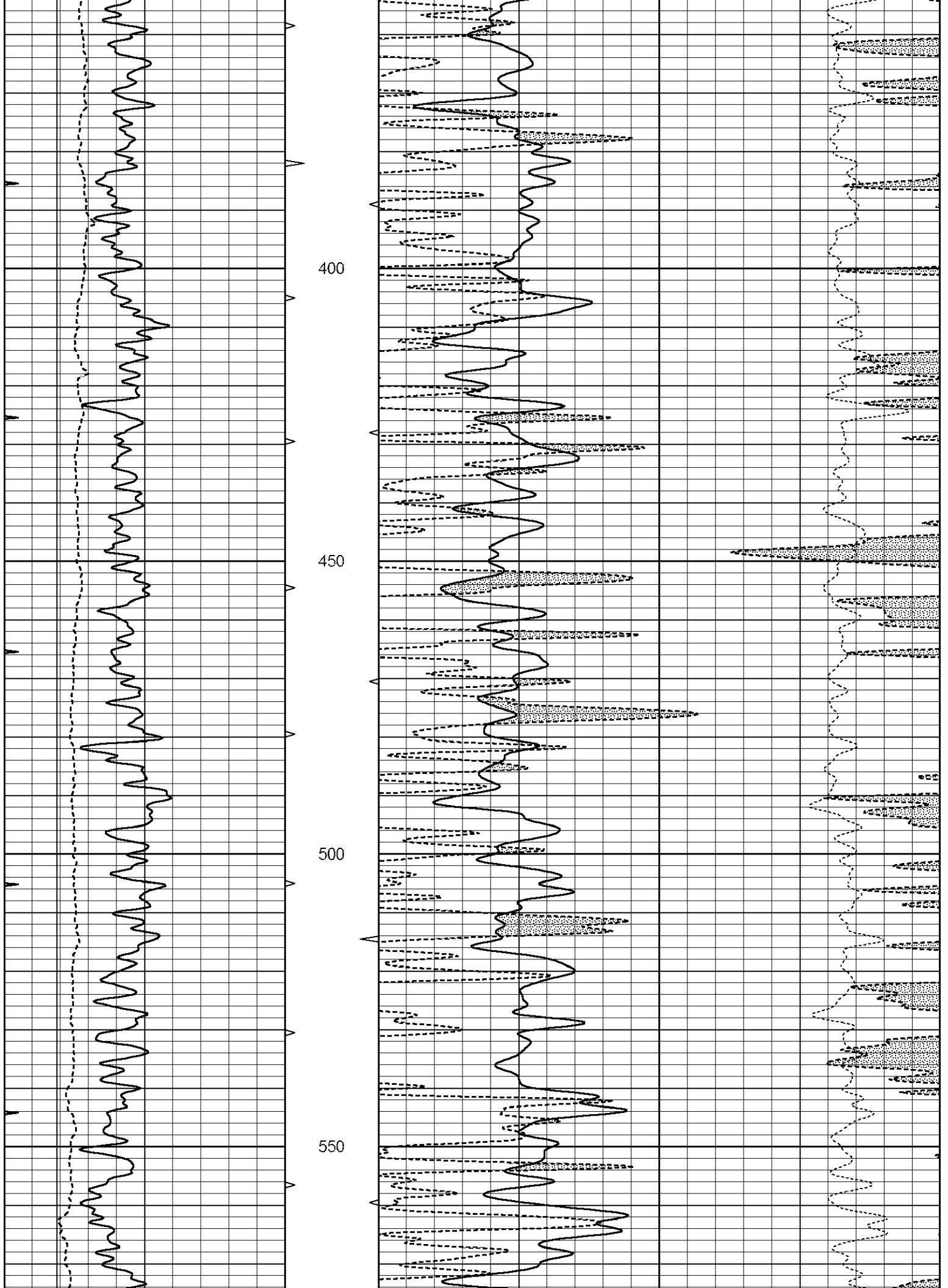


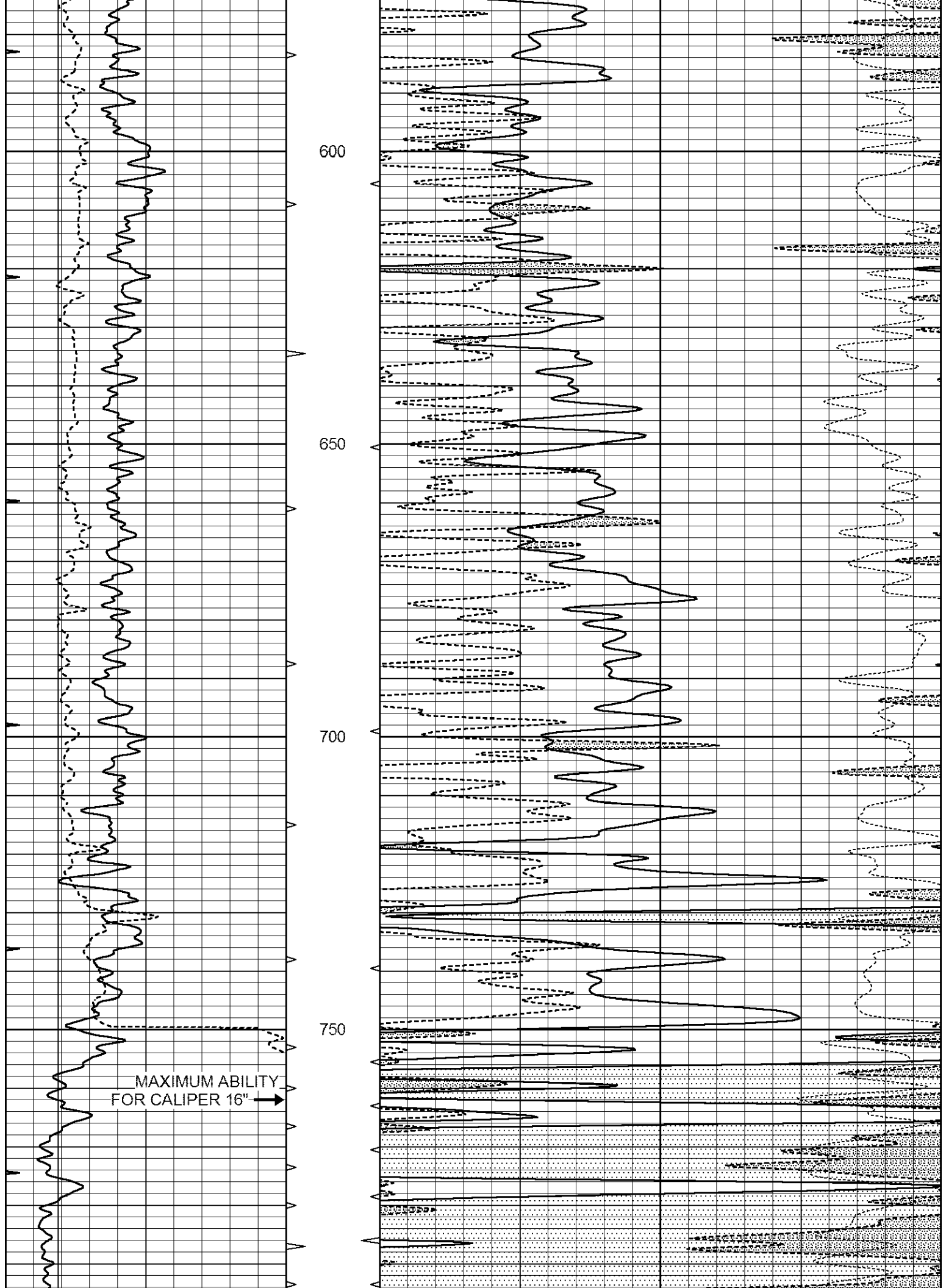
MAIN SECTION

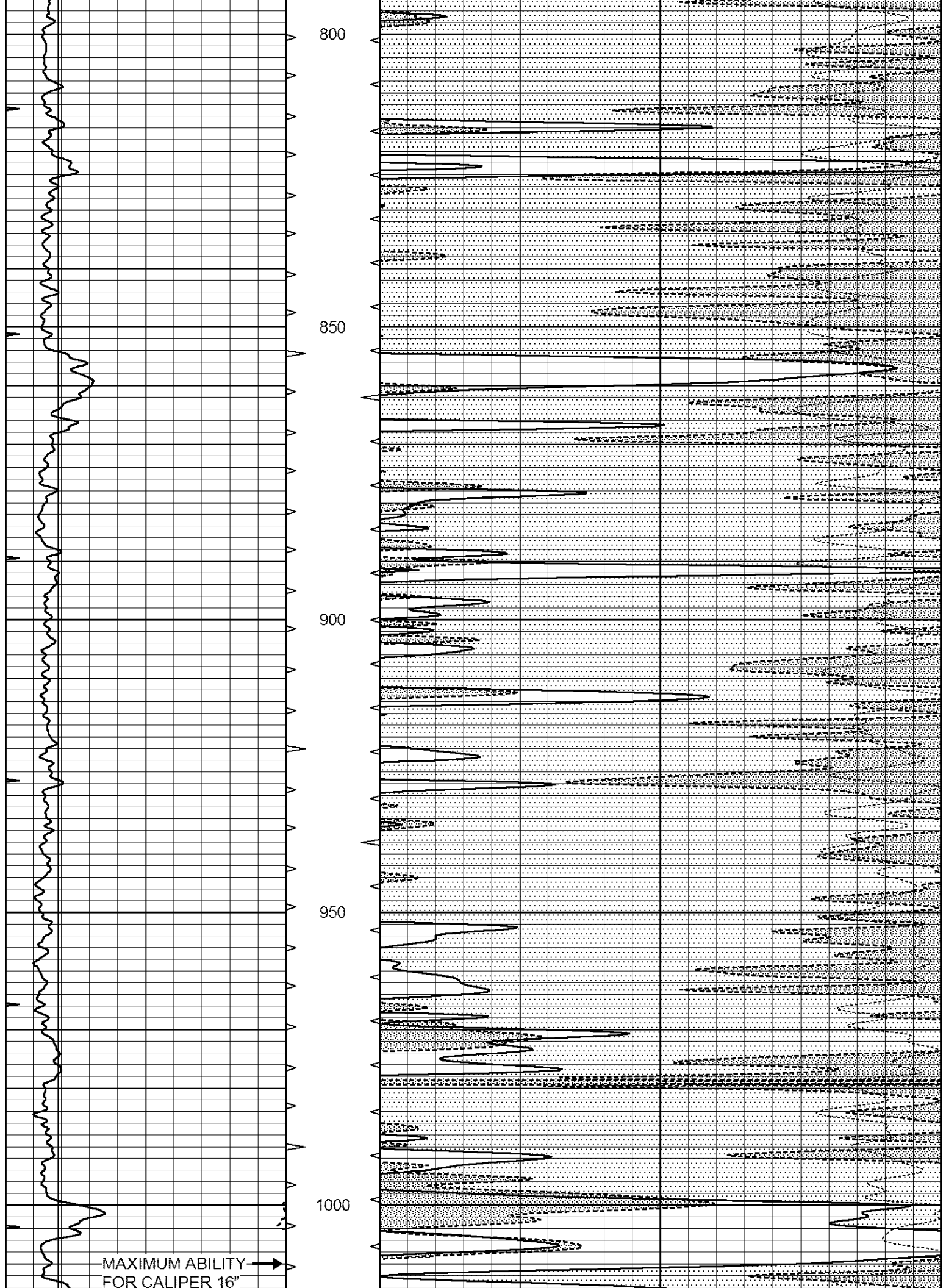
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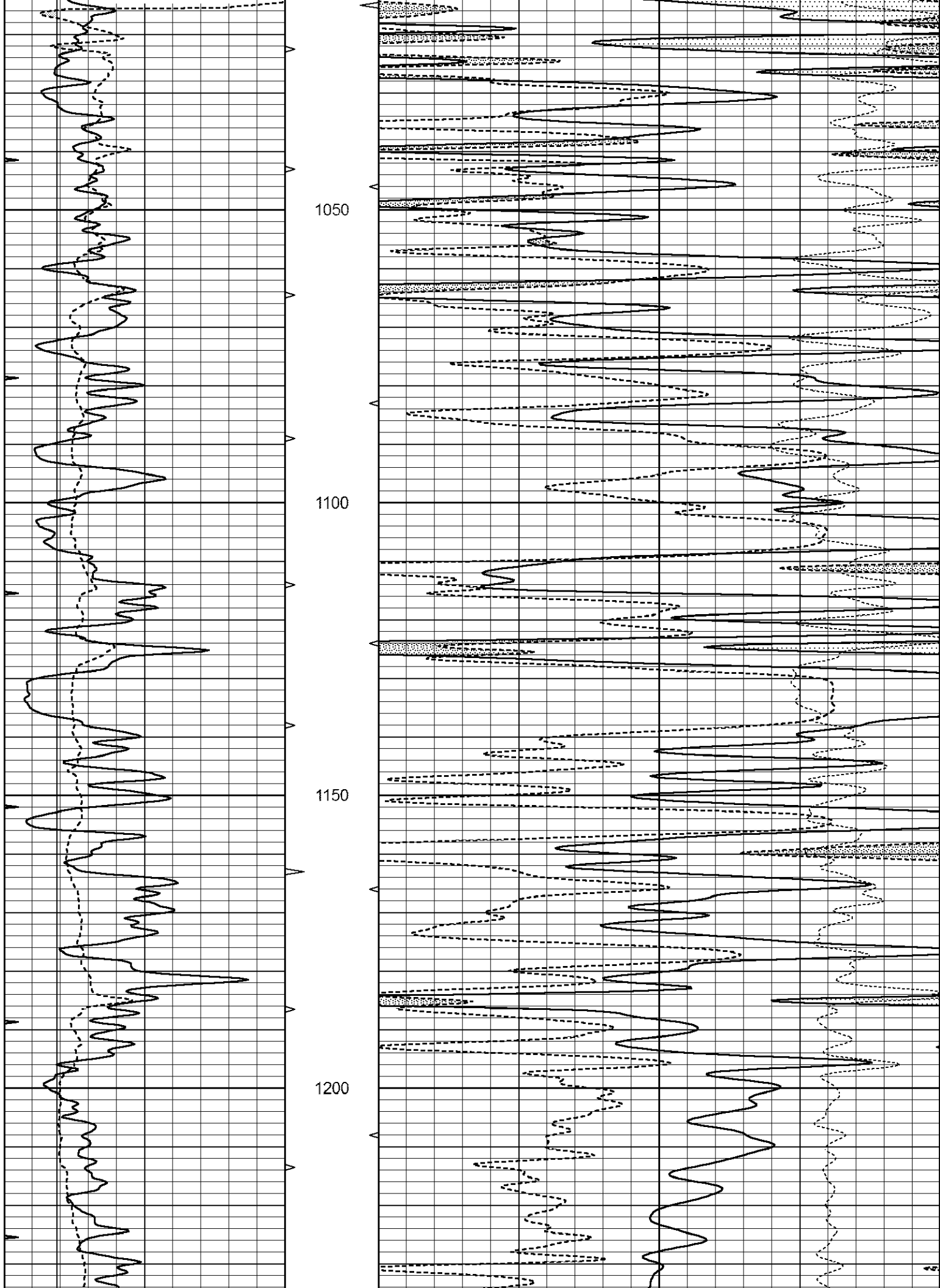
0	GAMMA RAY (GAPI)	150	AVTX	30	COMPENSATED DENSITY (pu)	-10	
6	CALIPER (in)	16	10 (ft3)	0	30	COMPENSATED NEUTRON (pu)	-10
0	MINMK	20	BVTX		-0.25	CORRECTION (g/cc)	0.25
			0 (ft3)	10			

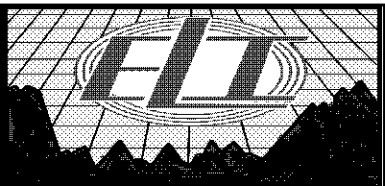
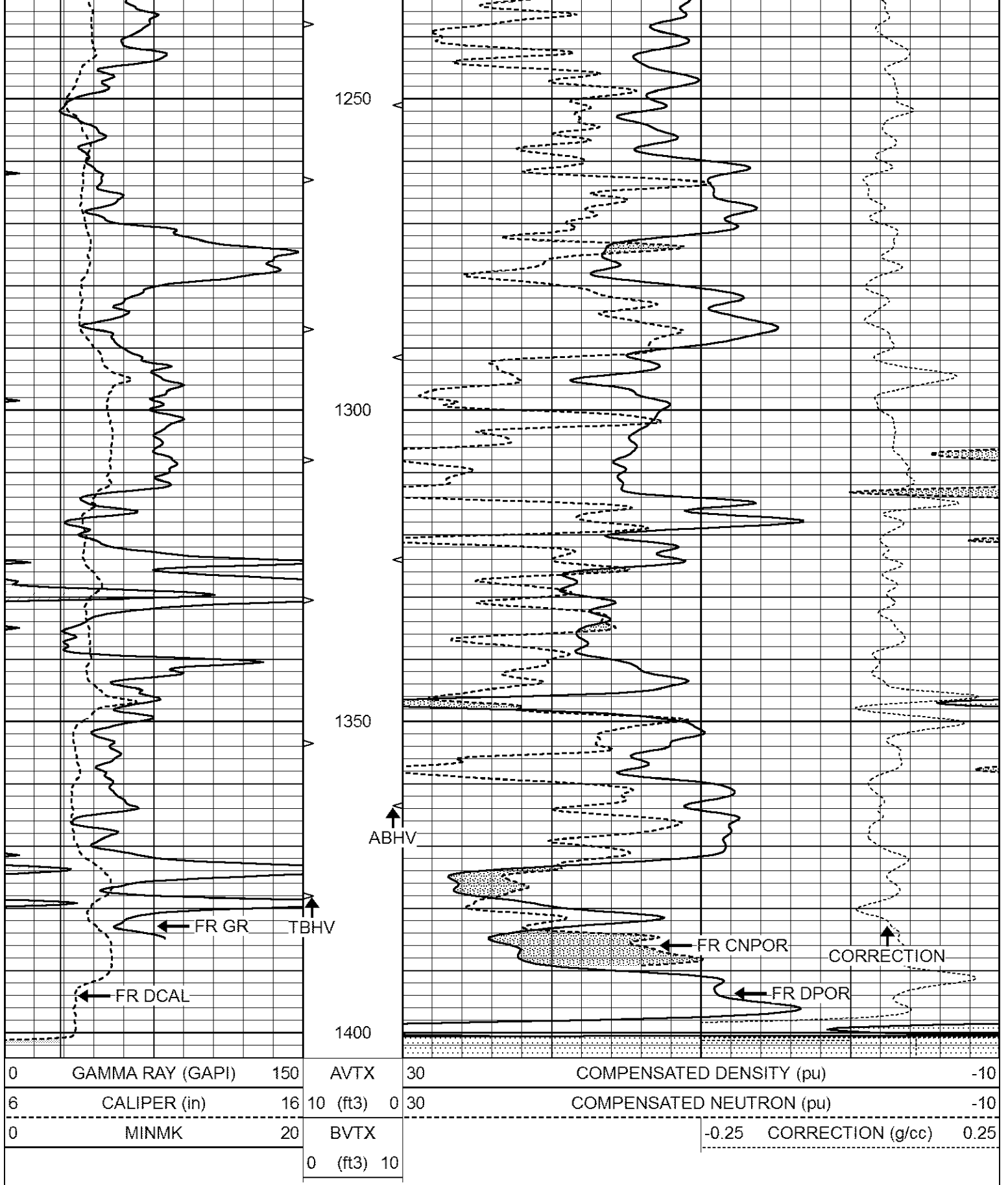








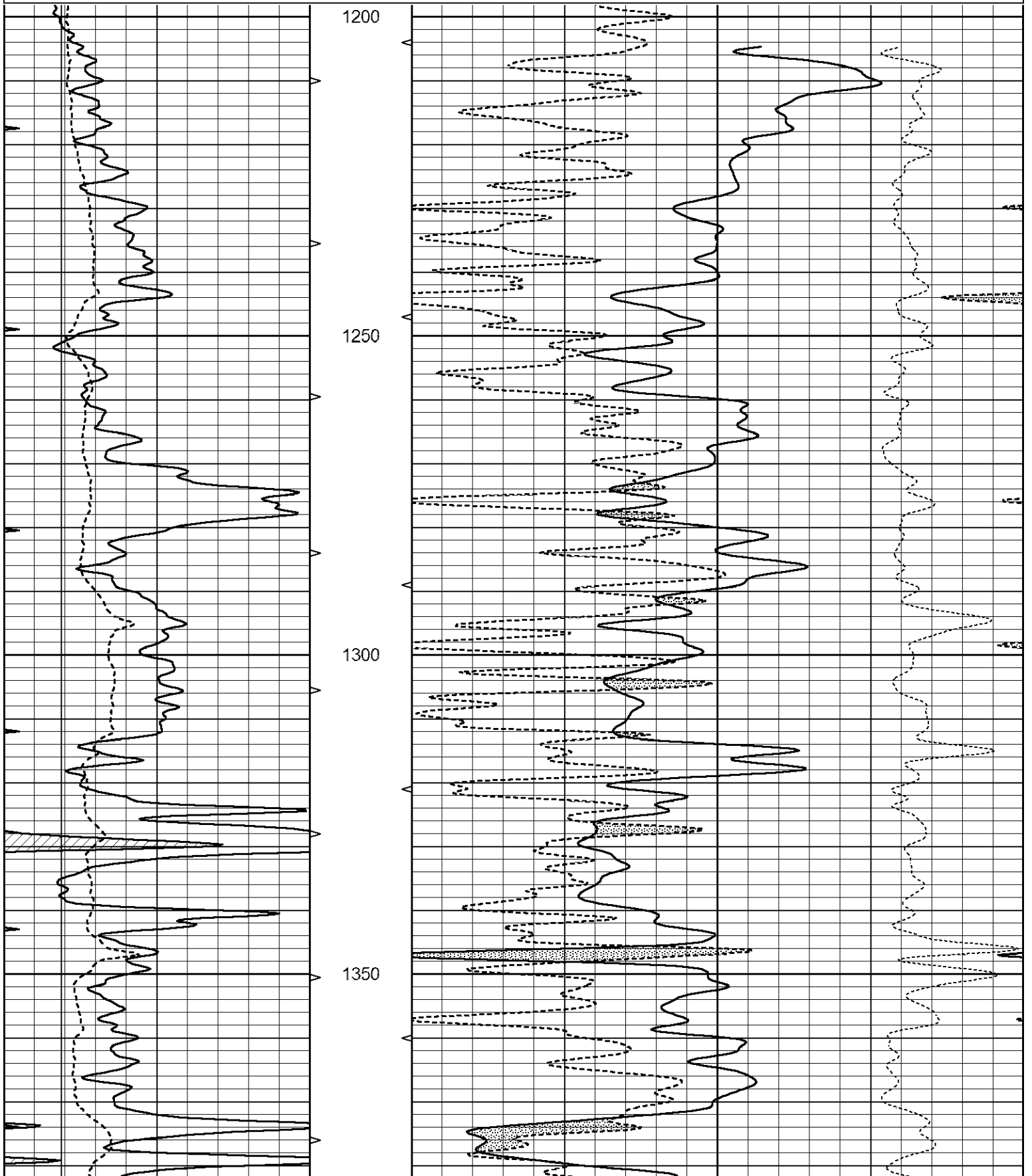


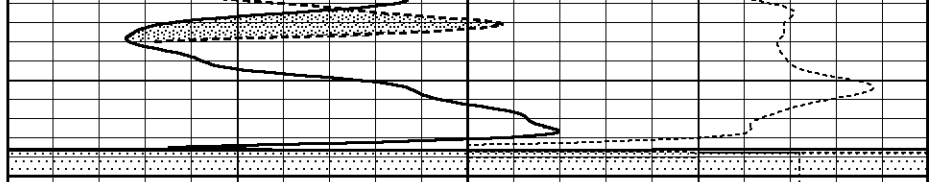
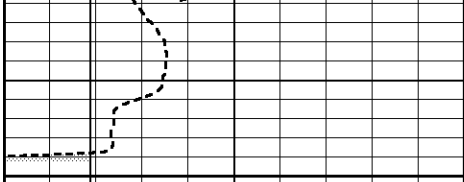


REPEAT SECTION

Dataset Pathname pass2.1
 Presentation Format _den_neu
 Dataset Creation Wed May 17 06:27:29 2017
 Charted by Depth in Feet scaled 1:240

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6	CALIPER (in)	16	10 (ft3)	0 30	COMPENSATED NEUTRON (pu)	-10
0	MINMK	20	BVTX		-0.25 CORRECTION (g/cc)	0.25
			0 (ft3)	10		





0	GAMMA RAY (GAPI)	150	1400	AVTX	30	COMPENSATED DENSITY (pu)	-10
6	CALIPER (in)	16	10 (ft3)	0	30	COMPENSATED NEUTRON (pu)	-10
0	MINMK	20	BVTX			-0.25 CORRECTION (g/cc)	0.25
			0 (ft3)	10			