

Kansas Corporation Commission Oil & Gas Conservation Division

1364846

Form ACO-1
November 2016
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.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	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)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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 EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Committed at Provider	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
<u> </u>	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date	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:						

Page Two



Operator Name:					Lease Na	ıme: _			Well #:	
SecTwp	oS. F	R	East	West	County: _					
	flowing and sh	ut-in pressure	s, whe	ther shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,
Final Radioactivit files must be sub							gs must be ema	iled to kcc-wel	l-logs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests T			Ye	es No		L		on (Top), Depth		Sample
Samples Sent to	Geological Sur	vey	Ye	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs R	_		 Y€ Y€	es No						
			Repo		RECORD conductor, surfa	Ne	w Used	on, etc.		
Purpose of Str	ring Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent
1 uipose oi oti	"' ⁹ D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	a / SQL	JEEZE RECORD			
Purpose:		Depth Bottom	Type	of Cement	# Sacks U	sed		Type an	d Percent Additives	
Perforate Protect Case	sing									
Plug Back T										
1 lug 0 li 20										
1. Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 an	nd 3)
2. Does the volume	e of the total base	fluid of the hydr	aulic fra	cturing treatmen	t exceed 350,00	00 gallo	ons? Yes	No (If No,	skip question 3)	
3. Was the hydrauli	ic fracturing treatr	nent information	submit	ted to the chemic	cal disclosure re	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Date of first Produc	ction/Injection or F	Resumed Produc	ction/	Producing Met	hod:					
Injection:				Flowing	Pumping		Gas Lift C	ther (Explain)		
Estimated Produc Per 24 Hours	tion	Oil Bbls	S.	Gas	Mcf	Wat	er Bl	ols.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS	:		N	METHOD OF C	OMPLE	TION:			N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole	Perf.			nmingled	Тор	Bottom
(If vente	d, Submit ACO-18.)				(Submit	ACO-5) (Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	1	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, (Cementing Squeeze	Record
Foot	Тор	Bottom		Туре	Set At			(Amount and k	Kind of Material Used)	
						-				
TUBING RECORE): Size:		Set At:	<u> </u>	Packer At:					



HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Da	nte:		County:		API	API Number:					
Operator Name:			Well Name and Number:								
Latitude:			Longitude:		Dat	tum:					
Production Type:	:		True Vertical De	epth (TVD):	Tota	al Base Fluid Volume (gal)*:					
Hydraulic Fractu	ıring Fluid Com	position:									
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Authorized Representative's Name, Address, and Phone Number					
Ingredients show	wn above are su	ubject to 29 CRF	1910.1200(i) and appear on Material Safety I	Data Sheets (MSDS). Ingredie	ents shown below are Non-MSDS.						
* Total Water Volu	ime sources may	include fresh wat	ter, produced water, and/or recycled water. ** Int	formation is based on the maxim	num potential for concentration and thus	the total may be over 100%.					

Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS).

Form	ACO1 - Well Completion
Operator	ANR Pipeline Company
Well Name	MEADE COMPRESSOR STATION 1
Doc ID	1364846

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17	10	75	20	Portland	13	0

		<u> </u>								
	PHONE 62	0.873-2521	SOLD TO	Carl						4030/
VBE	P.O. B 116 S. ME	OX 518 EADE CTR, NSAS 67864	DEL. TO				The second secon		DATE	
Sin	nce 1905		ACCT. NO.		SALE	CASH GH	ECK REC	CHARGE G. OTHER	MDSE. RETD.	TIACCT TOASH OK
"Where	Quality Tells & Serv	rice Sells"			COLLEGATION	CHECK	CASH	SALES PERSON	DEL BY	OPD BY SAU NO
PCS.		DESCRI			FEET	TOTAL FEET	PRICE	AMOUN	T	FOR OFFICE USE
13	Sxx Portlan	1 (omed				15.90	207.87		
							COSTO (C. 1967) Self-un Threathermore despuerant against all trades on characteristics.			
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						nes and committee of the committee of th				
							Bellevin de Contraction de la	and an agency on the property of the second and the		
T						ada e mana majalangkili (Malaman 1700 mang Malaman) (Malaman) (Malaman) (Malaman)	agency, or a recommency or maly analysis of a rest		en en in de la companya de la compan	
Notice to C	Owner: If you pay the co	ontractor for w	ork or equipmen	nt, material or suppli	es de la pred la	vithout having	SUB-			
received tr	rom the contractor a tors, a lien may be filed	waiver of lier	by all subcont property by a sub	ractors, or other e	vidence of Pi	the contractor	IOIAL			
from your o	contractor the amount of	laimed in the	subcontractor's	statement by a subc statement pending	resolution of t	he dispute.	IAX	17	67	
remaining of	ERMS: All accounts ar delinquent balances are (21% A.P.R.) on the fir linguent balance; and	subject to a	minimum service delinguent bala	e charge of \$1.00 o	current charg	rate of 1.75%	TOTAL	225	54	
\$700 of del	linquent balance; and	1.2% per mon	th (14.45% A.P.	R.) on any delinque	n (18% A Fait) Int belance ov	er \$1000.	THAN	K YOU!	WE APP	RECIATE YOUR BUSINES
GNATURE_ AVE RECEIVED	D AND ACCEPTED THE AB	OVE MERCHAN	IDISE IN GOOD CO	NDITION AND AGREE	TO THE TENMS	STATEL				