

Confidentiality Requested:

☐ Yes ☐ No

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 # _____

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
Recompletion Date

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: _____

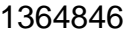
☐ Confidential Release Date: _____

☐ Wireline Log Received ☐ Drill Stem Tests Received

☐ Geologist Report / Mud Logs Received

☐ UIC Distribution

ALT ☐ I ☐ II ☐ III Approved by: _____ Date: _____



HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: _____ County: _____ API Number: _____
 Operator Name: _____ Well Name and Number: _____
 Latitude: _____ Longitude: _____ Datum: _____
 Production Type: _____ True Vertical Depth (TVD): _____ Total Base Fluid Volume (gal)*: _____

Hydraulic Fracturing Fluid Composition:

[illegible]

Ingredients shown above are subject to 29 CRF 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

* Total Water Volume sources may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum 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	Number of Sacks Used	Type and Percent Additives
Surface	17	10	75	20	Portland	13	0

PHONE 620-873-2521
P.O. BOX 518
116 S. MEADE CTR.
MEADE, KANSAS 67864

SOLD
TO

Quesada

40301
6-9-17

DEL.
TOACCT.
NO.

DATE _____

MDSE.
RETD.

DEF RY

"Where Quality Tells & Service Sells"

PCS.

DESCRIPTION

FEET

TOTAL FEET

PRICE

AMOUNT

FOR OFFICE USE

13 Six Portland Cement

15.90

207.87

Notice to Owner: If you pay the contractor for work or equipment, material or supplies delivered without having received from the contractor a waiver of lien by all subcontractors, or other evidence of payment to all subcontractors, a lien may be filed against your property by a subcontractor. You may request from the contractor a list of all subcontractors. If you received notice of filing of a lien statement by a subcontractor, you may withhold from your contractor the amount claimed in the subcontractor's statement pending resolution of the dispute.

CREDIT TERMS: All accounts are due upon receipt of statement. After deducting current charges or credits, remaining delinquent balances are subject to a minimum service charge of \$1.00 or a maximum rate of 1.75% per month (21% A.P.R.) on the first \$300 of the delinquent balance; 1.5% per month (18% A.P.R.) on the next \$700 of delinquent balance; and 1.2% per month (14.45% A.P.R.) on any delinquent balance over \$1000.

SUB-
TOTAL

TAX

TOTAL

THANK YOU! WE APPRECIATE YOUR BUSINESS!

SIGNATURE

HAVE RECEIVED AND ACCEPTED THE ABOVE MERCHANDISE IN GOOD CONDITION AND AGREE TO THE TERMS STATED