Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1366007

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:	SecTwp S. 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:					
	Producing Formation:					
Gas DH EOR	Elevation: Ground: Kelly Bushing:					
	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?					
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)					
Down's I	Chloride content: ppm Fluid volume: bbls					
☐ Commingled 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:					
	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	ame: _			Well #:	
SecTw	pS. R] East	West	County:					
	, flowing and shu	ut-in pressure	s, whe	ther shut-in pro	essure reach	ed stati	c level, hydrosta	tic pressures,		val tested, time tool erature, fluid recovery,
Final Radioactivi files must be sub							ogs must be ema	illed to kcc-we	ll-logs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests 7			Ye	es No		L	· ·	on (Top), Deptl		Sample
Samples Sent to	Geological Surv	/ey	Ye	es 🗌 No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs R	/ Mud Logs		Ye	es No						
LIST All E. LOGS I	iun.									
			Repo		RECORD conductor, surf	Ne	ew Used ermediate, product	ion, etc.		
Purpose of St		e Hole rilled		e Casing t (In O.D.)	Weigh		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				(2.2.)						
				ADDITIONAL	CEMENTING	0 / 001	 JEEZE RECORD			
Purpose:		epth	Type	of Cement	# Sacks U		DEEZE NECOND	Type a	nd Percent Additives	
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Plug Back	TD									
: .ug 0										
Did you perform	=	-				200 !!-	Yes	=	, skip questions 2 ar	nd 3)
 Does the volume Was the hydraul 		•		•		•			, skip question 3) , fill out Page Three	of the ACO-1)
Date of first Produ	ction/Injection or R	Resumed Produc	tion/	Producing Met	hod:					
Injection:				Flowing	Pumping		Gas Lift C	Other (Explain) _		
Estimated Produc Per 24 Hours		Oil Bbls	-	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS:	:			METHOD OF C	COMPLE	ETION:			ON INTERVAL:
	Sold Used	d on Lease		Open Hole [Perf.	_ ,		mmingled mit ACO-4)	Тор	Bottom
Shots Per	Perforation	Perforation		Bridge Plug	Bridge Plug		Acid,		Cementing Squeeze	Record
Foot	Тор	Bottom		Type	Set At			(Amount and	Kind of Material Used)	
TUBING RECORI	D: Size:		Set At:		Packer At:					
. 52		`								

Form	ACO1 - Well Completion
Operator	ANR Pipeline Company
Well Name	MP 82.3 1
Doc ID	1366007

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	17	10	40	200	Class A	Poz6% Gel 3% CC

BURELIND	W. Trans.
Acid & Cement	

FIRED

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