

Kansas Corporation Commission Oil & Gas Conservation Division

1366561

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:			East West
Address 2:		Feet from North / South I	Line of Section
City: State: 2	Zip:+	Feet from East / West L	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.g.	xxx.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:	
		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)	
Dameit #		Chloride content:ppm Fluid volume:	bbls
_		Dewatering method used:	
		Location of fluid disposal if hauled 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 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	ing Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent	
Fulpose of Sti	"' ^g D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives	
				ADDITIONAL	CEMENTING	i / SQL	JEEZE RECORD				
Purpose:		Depth Bottom	Type	of Cement	# Sacks Used Type and Percent Additives						
Perforate Protect Cas	sing										
Plug Back Plug Off Zo											
1 lug Oli 20	JIIC .										
Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 ar	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	ns? 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	other (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:		Packer At:						

Form	ACO1 - Well Completion
Operator	Hughes Drilling Co, a General Partnership
Well Name	W. BROERS I-2
Doc ID	1366561

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	6.250	10	31	Portland	12	50/50 POZ
Production	6	2.875	8	783	Portland	104	50/50 POZ

â		0	HUC	GHES DRILLII	NG REPORT	a.			o., Kansas L <i>3</i> 074	7 FEL
							ž.			
***	T-2	()	SURF	G4	PERMANENT	ESG.	<i>I</i>)	Sec 2 T	WP 16 2	. 20
Well No	0. 1. 2	e 1 <	Size.	31	PERMANENT Size 28 81 d FI Feet 783 15 JF	30 F1	pat Styll on Bo	THICKNESS	FORMATION ORILLED	T.D.
Farm .0	VDIS	90			Feet / O			2	Soil	12.
			Circui	ated 12 sx cement		0		2,8	c. cs/	
OPERATO	OR AKCH	es Dr	illins		T. D. at Completio	n L.C	e e e e e e e e e e e e e e e e e e e	9	Shale	39
200000000000000000000000000000000000000	0		' '	,	Contractor HUG	HE3 UN	TLLING CO.	2,4		6.3
DATE		FROM	LLED	MEMARKS TY	PE WORK BILLING REF.		PIPE TALLY	-	Shale	80
7/13/17	7	0	2	Soil		a	1.5- 21.5	8	shale	88
31		2	30	clay			22.5- 44.0	18	Lime	106
	7		39	Shale			720	46	0.40-17	152
7/14/17 58	20.	39					22.5- 66.5	28	Lime	180
281	WC.	-	63	Lime	(0.40)	1	25-89,0	17	Saud	197
		63	69	Shulc Cslute	6869)		2.5 -111.5	40	shale	239
		69	80	Lime			25-134.0		Lime	262
			88	Shale			2.5- 156.5		Shale	280
		88		Line		(3P)	22.5- 179.0		Lime	286
		106		Shale		9/2	2.7- 201.5	<u> 29</u> 12		315
		152	180	Lime		(19)	22.5 - 224.0	21	Shule	348
-0.1		180	197	Shale		(il)	2.5- 2465	301 24		372
- 8		197	199	Sand			225- 269.9	9	Shu)e	381
		194		Shale			22.5- 2915	20 29	Lime	405
- 1		239		Line			225- 3140	21	Snale	409
		262	2.80	Shule		(15	22.5- 336.5	2	shale	415
		280	286	Lime.		CO	22.5 - 250	Hickory 6	Lime	421
		286	315	Shale CBrol	40 305-307)		225-359.0		Shule	532
				Lime	2100 001)	-	125- 381.5		Sand	535
1				Shall Clino	0 . V 431.7227	_0	25- 404.0	4	Shule	524
13	<i>'</i>	348	370	July Clino	precut an 200		22.5 - 426.5	16	Shale	590
		1			270. 2021	1	12.5- 449.0	The second secon	Limb	600
7	d			Shule (Slate	312.313)		22.5 - 471.5	7	shull limb	613
- 0				Lime			225- 494.0		Shull	622
				Shule 1 Slate	405-406)	(23	1225-5165		Lime	631
		409	1	Lime			225-539.0	12	Shulc	631 643 647
				Shale		(25)	22.5-561.5	0		695
. Ha	that	415	-			24	225-584	2	LIMY	653
- i - i		421	52	Shale (Broken	424-427)		22.5-606.5	- 0	Shale	(13
					**		1			

							Fi	Co.	Kansas 4	17/2
	HUC	GHES DRILLII	NG REPORT				863		3070	_FEL
Wild	SUBS	FACE CASING	PERMANENT	CSG.					27154	
Well No #T-		THE CASHING				1			K R2	0
Farm W. Bro	U 4 144 US					1	STRAT		ORMATION RILLED	T.D.
		latedsx cement		220		I		2,	Lime	675
		3	T. D. at Completion	79	3	-		6	Shale	1_81
OPERATOR			Contractor HUGI			co.		2	ime Shak	684
	·						£150		Servol	700
DATE	SHOW TO		PE WORK - BILLING MEF.	30	PIPE TALL	Υ	7	240	shap	724
	532 535	Sand or		G	8/22.5-1	6290		-	Lime	725
537	535 570		9 17	G	3/22.5-	1515	if a	-	shuk	733
7-17-17	570 574	Lime Brok	en.)	B	1225-	6740	29		Shale	787
	574 590			4	D12.5-	1965	•		Limie	788
15.	599 600			7	1)225-	7196	,	5	Shuk	793
	600 610	shule	50.	1	3/22.5-	741	/			TD.
	610 613	Lime		Q	125-	764.0		-		1
	613 6	Shele		3	822n5-	7810.5				
	622 631			-9		100				
ON.	63) 6-43	Shak					-			
	643 645	Live Brow	w)	$\neg \dagger$				$\neg \vdash$		
	645 653	Shall Colate	(645-646)			!				
1 4	653 661	Line								
	66) 1.73	Shek				-				
	673 675	Lime	£.	\neg		- 1				
	675 681		18	\neg						
	681 682			1		-		+		
H	682 684	Shale				- j		_		-
Sovicre	684 700	sand (re	mosker a.	3)		-				
	700724	Shale	19	7	***************************************	-	O			
	724 725	Lime	1		-	-				
	724 725	shule								
Equire	733 744	sund In	marks py	4	- V - P					
7)	744,787	Shalve	110/19	1		-				
	787 738	Line	T) - T - T - T - T - T - T - T - T - T -			-			1	
	788 798	Shale	**************************************	-		-				
	TD.	Auto-Carine and Auto-Carine an				-		* · · · ·		
	7-1	7-17 set	783.15	50	1/4 Or	1/	IF N	10.1		
	US	7-17 set	Wizers	Flag	at stac	100	10. 1	Ho		
				F (1)	5 - 3	Q_{p}	LU			



PRESSURE PUMPING LLC PO Box 884, Chanute, KS 66720

AUTHORIZTION_

FIELD TICKET & TREATMENT REPORT

620-431-921	0 or 800-467-8676			CEMEN	T W	MICERSIUTI				
DATE	CUSTOMER#	WELL NAM			SECTION	TOWNSHIP	RANGE	COUNTY		
	3425	N. Broer	s#1	[-2	SW Z	16	20	FR		
CUSTOMER	e Drill	~ Co,			TRUCK#	DRIVER	TRUCK#	DRIVER		
MAILING ADORE	SS	7		1	712	Fre Mad.		DRIVER		
	main s	<u>.</u>			467	Ki Car	•			
CITY		STATE ZIP	CODE		804	ArlMcD				
Wells	الماأل	KE U	6092			////////				
JOB TYPE LOW		HOLE SIZE S	75	HOLE DEPTH	793	CASING SIZE & W	EIGHT 27/6	EUE		
CASING DEPTH_	7836	DRILL PIPE		TUBING	ů.		OTHER			
SLURRY WEIGHT	Τ	SLURRY VOL		WATER gál/si	k	CEMENT LEFT in	CASING 2%	" Plug		
DISPLACEMENT	4.55 BBC	DISPLACEMENT PSI		MIX PSI	-107	RATE) 13 P	M	0		
REMARKS: H	IN Sat	ed mostile	LE.	stabli	sh Cir	cu laxion	Mixx	Pump		
100	# Gel	Flosh d	mix	+ Pum	0	sks Pm	Bland 1	A		
Cem	unt 27	o Cal 4#	Flo	Sol 1	***************************************	sment to	Surta	ce.		
Flus	h pump	+ 1 ms	clea	m. Di	splace	22" Rub	ber Plus	}		
10	(ag Mg				800 PSI		Monito 9			
Pres	Sure F	or 30 m	m /	n17.	Releas	z press	ure to	Sax		
Floor	* Value	Shur Sa	Ca	s Mg.		,				
						· · · · · · · · · · · · · · · · · · ·				
Custo	mur Su	pplied Wa	ter			Luc n	lade	112		
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL		
CEOUTO	•	Į PUM	P CHARG	E		467	150000			
CEDOOD 4		15 mi MILE	AGE			467				
CEOTIL .	mini		on W	liles D.	elivora	४०५	66020			
					Sub To	tal .	2267 ²⁵			
					Less	55%		102026		
of Chesh		04040		nd 1A	M #		140400			
CE 5846		045Ks P			,		67 20			
CC 5965	3.			site be			92-			
CC 6075	a a	16# C	ello,	tlake	ΔΙ	140	52°° €			
CP 8176		1 5	7/2" /	Rubber	Plug		43 =			
			,		Sub 7	a tel	158350	71258		
					- h	us 55%		112=		
						-				
						W 1000				
							SALES TAX	5701		
Revin 3737							ESTIMATED TOTAL	37789 85		
AUTHORIZTION				TITLE			DATE_	3777 43)		

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

TITLE_