



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1369166  
OIL & GAS CONSERVATION DIVISION

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 Date Reached TD Completion Date or  
Recompletion Date 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: \_\_\_\_\_

1369166

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](mailto: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) (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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Fueling American Prosperity™

## Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092

Owners: Clay Hughes

Isaac Burbank

Phone: (785) 979-9493

(913) 963-9127

Fax: (785) 883-2305

### Well Log

Magnum Exploration Kansas, LLC

Thrasher #9

Sec. 25 Twp. 13 Rng. 20

15-045-22253-00-00

01/06/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>	
3	Soil and Clay	3	
112	Shale	115	
12	Sand	127	Gray, making water
4	Limey Sand	131	
22	Lime	153	
7	Shale	160	
5	Lime	165	
15	Shale	180	
19	Lime	199	
34	Shale	233	
15	Lime	248	
5	Shale	253	
28	Lime	281	
34	Shale	315	
15	Lime	330	
22	Shale	352	
7	Lime	359	
17	Shale	376	
16	Lime	392	
5	Shale	397	
17	Lime	414	
7	Shale	421	
10	Lime	431	
9	Shale	440	
22	Lime	462	
4	Shale	466	
4	Lime	470	
5	Shale	475	
6	Lime	481	Base of Kansas City
119	Shale	600	
49	Shale	649	Red bed

7	Lime	656	
7	Shale	663	
1	Coal	664	
5	Shale	669	
2	Lime	671	
19	Shale	690	
2	Lime	692	
8	Shale	700	
2	Lime	702	
28	Shale	730	
1	Lime	731	
2	Shale	733	
2	Lime	735	
5	Shale	740	
1	Silty Shale	741	Green
1	Broken Sand	742	20% brown sand, 80% lime, light bleed
1	Lime	743	
1	Broken Sand	744	80% brown sand, 20% shale, good bleed
2	Oil Sand	746	Brown, good bleed, few thin shale seems
1	Broken Sand	747	40% brown sand, 60% shale, ok bleed
3	Broken Sand	750	20% brown sand, 80% shale, light bleed
6	Silty Shale	756	
28	Shale	784	
1	Lime	785	
4	Shale	789	
1	Broken Lime	790	
2	Shale	792	
1	Sand	793	Brown, light odor
1	Broken Sand	794	10% sand, 90% shale, light bleed
4	Silty Shale	798	Grey
7	Shale	805	
10	Sand	815	Light brown, no oil show
35	Shale	850	TD

Drilled an 11" hole to 44'  
 Drilled a 5 5/8" hole to 850'

Set 44' of 7" surface casing, cemented with 14 sacks of cement.

Set 827' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.  
 Baffle set at 796'.



**CONSOLIDATED**  
OIL WELL SERVICES, LLC

PO Box 884, Chanute, KS 66720  
620-431-9219 or 888-467-9978

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

1812  
1759

TICKET NUMBER 50780  
LOCATION Off Hwy 9  
FOREMAN Alan Maden

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-16-18	5700	Thrasher 9	S44 43	13	20	06
CUSTOMER Magnum Exploration of KS			TRUCK #			
MAILING ADDRESS 8768 CR. 262			DRIVER			
CITY Clyde		STATE TX	ZIP CODE 79510	TRUCK #		
JOB TYPE <u>long string</u>			DRIVER			
HOLE SIZE <u>5 7/8</u>			TRUCK #			
HOLE DEPTH <u>850</u>			DRIVER			
CASING DEPTH <u>827</u>			TRUCK #			
DRILL PIPE			DRIVER			
TUBING			TRUCK #			
OTHER <u>796 hf</u>			DRIVER			
SLURRY WEIGHT			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/hr			TRUCK #			
CEMENT LEFT IN CASING <u>yes</u>			DRIVER			
DISPLACEMENT <u>4.63</u>			TRUCK #			
DISPLACEMENT PSI <u>800</u>			DRIVER			
MIX PSI <u>100</u>			TRUCK #			
RATE <u>4 bpm</u>			DRIVER			

REMARKS: Held meeting. Established rates. Mixed & pumped 100# gel followed by 95 wt OWC plus 1/2# Phenol seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 800 PSI set floor.

H+B, Mitchell

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	568	1085.00
5406	30	MILEAGE	368	126.00
5402	827	casing footage	368	
5407	min	ton nails	510	368.00
5022C	1 1/2	80 gal	370	150.00
1126	95	OWC	1876.25	
1188	100 #	gel	22.00	
1107A	48 #	Phenol seal	64.80	
		material 546	1963.05	
		less 30% -	588.92	
		material total		1374.13
4402	1	2 1/2 plug		29.50
				3864.02
				SALES TAX
				100.36
				ESTIMATED TOTAL
				3232.99

AUTHORIZATION J.M. Osk TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that I pay to me, unless by an instrument in writing on the front of this form or in accordance with the conditions of service on the back of this form are in effect for services rendered on this form.

