

Confidentiality Requested:

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1370326

Form ACO-1 November 2016 Form must be Typed Form must be Signed All blanks must be Filled

# WELL COMPLETION FORM

WELL	HISTORY	- DESCF	RIPTION	OF W	/ELL 8	<b>LEASE</b>

OPERATOR: License #		API No.:
Name:		Spot Description:
Address 1:		
Address 2:		Feet from  North /  South Line of Section
City: State: Z	ip:+	Feet from East / West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxx) (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:
		Elevation: Ground: Kelly Bushing:
Gas DH EOR		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:
Original Comp. Date: Original T		
Deepening Re-perf. Conv. to E		Delline Field Mensenat Dise
	ASW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
		Oblavida sestanti para Elvidualumo, bbla
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:		Dewatering method used:
SWD Permit #:		Location of fluid disposal if hauled offsite:
EOR Permit #:		Operator Name:
GSW Permit #:		Lease Name: License #:
		Quarter Sec TwpS. R East West
Spud Date or Date Reached TD	Completion Date or	
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	<b>                                    </b>
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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. 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 (Attach Additional Sheets)			Ye	es 🗌 No		🗌 Lo	ig F	ormation (T	op), Dept	th and Datum		Sample
·			Y	es 🗌 No		Name				Тор		Datum
Cores Taken Electric Log Run Geolgist Report / Mud Logs List All E. Logs Run:				es No es No es No								
			Benc		RECORD	Nev		sed	etc			
Purpose of Stri		ze Hole Drilled	Siz	ze Casing t (In O.D.)	Weight Lbs. / Ft.		Setting Type of Depth Cement				Type and Percent Additives	
				ADDITIONAL		SQUI	EZE RE	CORD				
Purpose: Perforate		Depth Bottom	Type of Cement		# Sacks Used		Type and Percent Additives					
Protect Cas												
Plug Off Zor												
<ol> <li>Did you perform a hydraulic fracturing treatment on this well?</li> <li>Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?</li> <li>Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?</li> </ol>							Yes       No (If No, skip questions 2 and 3)         s?       Yes         Yes       No (If No, skip question 3)         Yes       No (If No, fill out Page Three of the ACO-1)					
Date of first Production/Injection or Resumed Production/       Producing Method:         Injection:       Injection:         Gas Lift       Other (Explain)												
Estimated Production Per 24 Hours Oil Bbls.		ls.	Gas	Gas Mcf Wat		er Bbls.			Gas-Oil Ratio		Gravity	
DISPOSITION OF GAS:			METHOD OF COMPLETION:					PRODUCTION INTERVAL:				
Vented Sold Used on Lease				Open Hole		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	Тор		Bottom	
(If vented	l, Submit ACO-18	.)			(c		100-3/	(Subinit Al	50-4)			
Shots Per FootPerforation TopPerforation BottomBridge Plug Type			Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				lecord			

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Woolsey Operating Company, LLC
Well Name	SUMMERS 1
Doc ID	1370326

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12	10.75	30	263	60/40 poz		2% gel, 3%CC
Production	7.875	4.5	10.5	4808	Scavenger	35	n/a
Production	7.875	4.5	10.5	4808	Class H	100	10%salt,1 0% gyp