

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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

Confidentiality Requested:
Yes No

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:
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:

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 TCores aken <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
--	---

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
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--



## Summary of Changes

Lease Name and Number: UNDERWOOD 106

API/Permit #: 15-019-27469-00-01

Doc ID: 1377479

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
API	15-019-27469-00-00	15-019-27469-00-01
Approved Date	03/08/2016	12/29/2017
CasingNumbSacksUsedPDF_2	210	310
Class of Completion	NewWell	Workover
Completion Or Recompletion Date	9/26/2015	9/30/2015
Contractor License Number	34103	35116
Contractor Name	Lamamco Drilling Co., a General Partnership	SM Oil & Gas, Inc.
ConvToENHR	No	Yes
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Used on lease	No	11/10/2016 Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Field Name		Leniton
Footages Reference Corner	SW	SE
Geologist Report / Mud Logs?		No
Ground Surface Elevation	1035	1036
If Alternate II Completion - Cement Circulated From		0
If Alternate II Completion - Cement Circulated To		2126
If Alternate II Completion - Sacks of Cement		310
If OWWO - Original Total Depth		2129
If OWWO - Original Well Name		Underwood 106
If OWWO - Original Well Operator Name		SM Oil & Gas, Inc.
Is Footage Measured from the East or the West Section Line	West	East
Lease Name	Underwood	UNDERWOOD
LocationInfoLink	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to</a>	<a href="https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to">https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=8&amp;to</a>

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Method Of Completion - Perf	No	Yes
Number of Feet East or West From Section Line	2550	2682
Number of Feet North or South From Section Line	470	502
Operator's Contact Name	Skylar Miller	Stan Miller, Sr.
Operator's Phone	520-4244	629-2151
Original Well Completion Date		9/30/2015
Perf_acid1		500 gallon 15% Hcl
Perf_perf1bottom		2062
Perf_perf1top		2058
Perf_shots1		2
PerforationsRevised		[[dataGrid]]
Plug Back Total Depth		2126
Producing Method Other	No	Yes

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Producing Method Other Detail		EOR
Producing Method Pumping	No	Yes
Production Interval #1		2058
Production Interval #3		2062
Purchaser's Name		Coffeyville Resources
Spud Or Recompletion Date	9/18/2015	9/16/2015
TopsDepth3	2040	2046
Tubing Packer At		2034
Tubing Set At		2034
Tubing Size		2.875
Well Type	OIL	EOR