KOLAR Document ID: 1377737

Confidentiality Requested:

Yes No

### 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

# WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
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.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	
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)
Described	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 flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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:					

KOLAR Document ID: 1377737

#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS.	R	East	West	County:					
open and closed and flow rates if	, flowing and s gas to surface ty Log, Final L	shut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if i and Final Electi	station more ric Lo	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests Taken Yes  (Attach Additional Sheets)				es No	Log Formation (Top), Depth				h and Datum	Sample
Samples Sent to Geological Survey			Ye	es No		Name	•		Тор	Datum
TCores aken Electric Log Run Geologist Report / Mud Logs			Ye	es No es No es No						
List All E. Logs F	Run:									
			Dono		RECORD [	] Ne		on etc		
Burness of String Size Hole			e Casing	conductor, surface, intermed Weight		Setting Type o		# Sacks	Type and Percent	
Purpose of St	ring	Drilled		t (In O.D.)	Lbs. / Ft.		Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:  — Perforate — Protect Casing — Plug Back TD		Туре	of Cement	# Sacks Used		Type and Percent Additives				
Plug Off Zo										
Did you perform     Does the volume     Was the hydraul	e of the total bas	se fluid of the hy	draulic fra	cturing treatmen		•	Yes Service Yes Yes Yes	No (If No	o, skip questions 2 an o, skip question 3) o, fill out Page Three o	•
Date of first Produ Injection:	ction/Injection o	r Resumed Prod	duction/	Producing Meth	nod:		Gas Lift C	thor (Evaloin)		
,			-1-					other (Explain)	·	
Estimated Production Per 24 Hours		Oil Bl	ols.	Gas	Mcf	Wate	r Bi	ols.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:				METHOD OF COM				nmingled	PRODUCTIO Top	N INTERVAL: Bottom
Vented Sold Used on Lease Option (If vented, Submit ACO-18.)							nit ACO-4)			
(ii voine	T									
Shots Per Foot	Perforation Top	Perforati Botton		Bridge Plug Type	Bridge Plug Set At	g Acid, Fracture, Shot, Cementing Squeeze Recor (Amount and Kind of Material Used)		Record		
TUBING RECORI	D: Size	:	Set At:		Packer At:					

Form	ACO1 - Well Completion					
Operator	DCP Operating Company, LP					
Well Name	6.0A 1					
Doc ID	1377737					

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16	12	14	20	Benoite	27	0

We set 20' 5DR 21 12" CASING

AND PUT 27 BAGS of Benoite Plug. The materials

We used where our own.

COTTPSO
THANK YOU
Jimmy Granger
ARA