

Confidentiality Requested:

☐ Yes ☒ NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

November 2016

Form must be Typed
Form must be Signed
All blanks must be FilledWELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32782

Name: DCP Operating Company, LP

Address 1: 370 17TH ST STE 2500

Address 2:

City: DENVER State: CO Zip: 80202 + 5604

Contact Person: Jim

Phone: (303) 605-2278

CONTRACTOR: License # 99975

Name: COMPANY SERVICING TOOLS

Wellsite Geologist: Na

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 #:

11/10/2017 11/12/2017 11/12/2017

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No.: 15-081-22165-00-00

Spot Description:

SW-SE-SE-SE Sec. 28 Twp. 30 S. R. 34 ☐ East ☒ West224 Feet from ☐ North / ☒ South Line of Section415 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

GPS Location: Lat: (e.g. xx.xxxxx), Long: (e.g. -xxx.xxxxx)

Datum: ☐ NAD27 ☐ NAD83 ☐ WGS84

County: Haskell

Lease Name: SANTANA Well #: 1

Field Name:

Producing Formation: NA

Elevation: Ground: 2887 Kelly Bushing: 5

Total Vertical Depth: 400 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 20 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: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

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 DistributionALT ☐ I ☐ II ☒ III Approved by: Karen Ritter Date: 01/02/2018

Operator Name: DCP Operating Company, LP Lease Name: SANTANA Well #: 1
 Sec. 28 Twp. 30 S. R. 34 ☐ East ☒ West County: Haskell

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 ☐ Yes ☒ No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey ☐ Yes ☒ No TCores aken ☐ Yes ☒ No Electric Log Run ☐ Yes ☒ No Geologist Report / Mud Logs ☐ Yes ☒ No List All E. Logs Run:	☐ Log Formation (Top), Depth and Datum ☐ Sample Name Santanna 1 Top 0 Datum 0
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CASING RECORD ☒ New ☐ 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
Surface	16	12	41	20	Benoite	27	0

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
☐ Perforate				
☐ Protect Casing	-			
☐ Plug Back TD				
☐ 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: ☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: ☐ Vented ☐ Sold ☐ Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled <i>(Submit ACO-5)</i> <i>(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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Form	ACO1 - Well Completion
Operator	DCP Operating Company, LP
Well Name	SANTANA 1
Doc ID	1377763

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	16	12	41	20	Benoite	27	0

Job Name SANTANA 1

12/7/17

We set 20' SDR 21 12" casing
And put 27 Bags of Benoitte Plug. The materials
We used where our own.

COTPRO

Thank You

Jimmy Granger

