

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 # _____

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: _____

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. 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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Job No. 10-16-7284
 Client ONEOK
 Location GB 24

PO/WO No. _____ Date 10/10/2017
 Drilling Co. **WOOFTER**
 GPS: Lat: N37.266906 Long: W99.230470
 S/N 36610585

Calibrated Instrument Used FLUKE 177

Depth	Logging Volts: 14.3		Geological Log	Depth	Logging Volts: 14.3		Geological Log	No.	Depth	No Coke	With Coke
	Amps	Ohms			Amps	Ohms					
5			0-2 SURFACE	205				1	190	0.50	3.50
10				210				2	180	0.50	3.60
15				215				3	170	0.50	3.90
20			2-20 LOESS	220				4	160'	0.50	4.10
25	0.30	47.67		225				5	150'	1.10	4.20
30	0.30	47.67		230				6	140'	0.60	4.10
35	0.40	35.75		235				7	130'	0.80	3.80
40	0.60	23.83		240				8	120'	0.40	3.60
45	0.50	28.60		245				9	110'	0.30	3.50
50	0.30	47.67		250				10	100'	0.60	3.40
55	0.50	28.60		255				11			
60	0.40	35.75		260				12			
65	0.50	28.60		265				13			
70	0.80	17.88		270				14			
75	1.00	14.30		275				15			
80	0.60	23.83		280				16			
85	0.60	23.83		285				17			
90	0.60	23.83		290				18			
95	0.60	23.83		295				19			
100	0.50	28.60		300				20			
105	0.80	17.88		305				21			
110	0.60	23.83		310				22			
115	0.70	20.43		315				23			
120	0.70	20.43		320				24			
125	1.30	11.00		325				25			
130	0.60	23.83		330				26			
135	0.50	28.60		335				27			
140	0.70	20.43		340				28			
145	0.60	23.83		345				29			
150	0.50	28.60		350				30			
155	0.50	28.60		355				31			
160	0.50	28.60		360				32			
165	0.50	28.60		365				33			
170	0.70	20.43		370				34			
175	0.50	28.60		375				35			
180	0.50	28.60		380				36			
185	0.30	47.67		385				37			
190	0.20	71.50		390					Volts	14.30	14.30
195	0.30	47.67		395					Amps	5.80	37.70
200	0.30	47.67	20-200 YELLOW OCHRE RED BED W LIMESTONE LENS	400					Ohms	2.47	0.38
Hole Dia.:		10"	Total Depth:		200'	Casing: Feet: 20'		Dia.: 10"	Type: sdr 21		
No. Anodes:		10	Size and Type:		2.5x100 LIDAS	Anode Lead:		Size: #8	Type: HALAR		
Lbs. Coke:		3500#	Coke Type:		LORESCO SC-3	Top of Coke Column:		68'	Vent: 140'		
Lbs. Plug:		1500#	Plug Type:		BENTONITE	Top of Plug:		3' BELOW SURFACE			

TYPE 4 LTD

CLIENT: ONEOK PROJECT NAME: Groundbed Installation DATE DRILLED: TBD

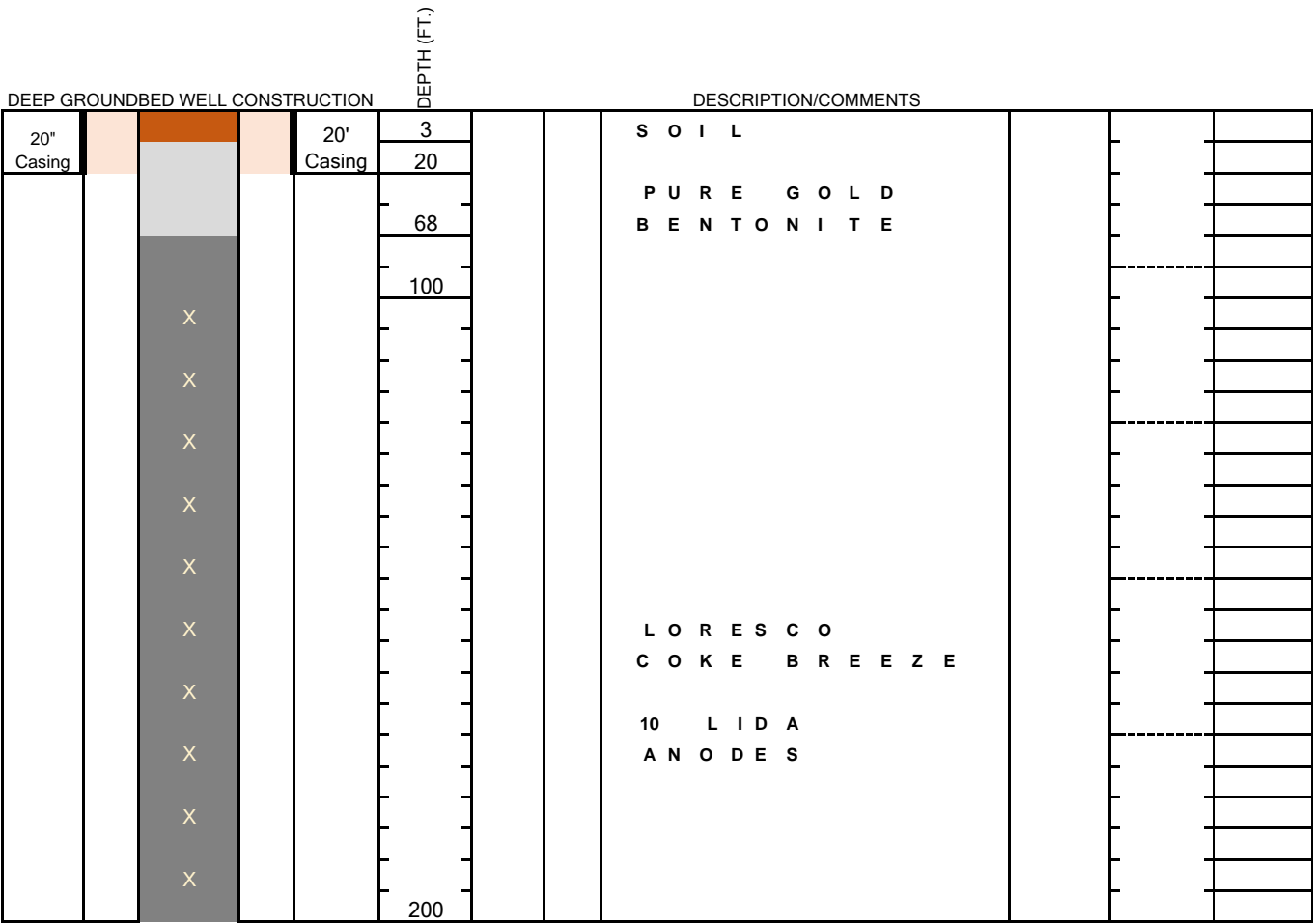
SITE: Multiple LOCATION: Kansas

OTHER ID# _____ FACILITY: _____ GPS _____

DRILLING COMPANY: Woofter Pump and Well RIG: _____ BOREHOLE: 10 inch

LOGGED BY: Brewer DRILLING METHOD: Wet Rotary or Dry FLUID: Water if wet rotary

	TYPE	INTERVAL	MATERIAL	JOINT LENGTH	DIAMETER
CASING:	SDR 21	0-20'	PVC		10"
Casing Data	20 feet casing grouted with estimated 10 sacks of Portland				
Plug	Bentonite plug to 68' bgs				



Initial Depth to Water:	
Static Depth to Water:	
Comments	Not to scale