

Confidentiality Requested:

Yes  No

**KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**

Form ACO-1

January 2018

**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 Date Reached TD Completion Date or 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: \_\_\_\_\_  
(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](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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List All E. Logs Run: | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|---|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|





TICKET NUMBER 23724  
 LOCATION EUREKA  
 FOREMAN KEVIN MCCOY

PO Box 884, Chanute, KS 65720  
 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT  
**CEMENT**

| DATE  | CUSTOMER #  | WELL NAME & NUMBER | SECTION               | TOWNSHIP | RANGE  | COUNTY |
|---|-------------|--------------------|-----------------------|----------|--------|--------|
| 11-13-09                                    | 5631        | KLAASSEN # 4       | 27                    | 24S      | 4E     | Butler |
| CUSTOMER<br>Noble Petroleum, Inc.           |             |                    | C & G<br>Datq.<br>Co. |          |        |        |
| MAILING ADDRESS<br>3101 N. Rock Rd. Ste 125 |             |                    |                       |          |        |        |
| CITY<br>Wichita                             | STATE<br>KS | ZIP CODE<br>67226  |                       |          |        |        |
| TRUCK #                                     |             | DRIVER             | TRUCK #               |          | DRIVER |        |
| 445   |             | Justin             |                       |          |        |        |
| 515   |             | Chris              |                       |          |        |        |
| 437   |             | Jim                |                       |          |        |        |

JOB TYPE Longstring HOLE SIZE 7 7/8 HOLE DEPTH 2635' KB CASING SIZE & WEIGHT 5 1/2 14" New  
 CASING DEPTH 2632' G.L. DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER 1870 2619' G.L.  
 SLURRY WEIGHT 13.7" SLURRY VOL 31 Bbl WATER gal/ft 9.0 CEMENT LEFT IN CASING 11.70'  
 DISPLACEMENT 64.6 Bbl DISPLACEMENT PSI 700 PSI 1200 Bump Plug RATE \_\_\_\_\_

REMARKS: Safety Meeting: Rig up to 5 1/2 Casing. Break Circulation w/ 5 Bbl Fresh water. Pump 15 Bbl Metasilicate Pre Flush, 5 Bbl water spacer. Mixed 100 skr Thick Set Cement w/ 5" Kol-Seal 1sk @ 13.7"/gal yield 1.75. Shut down. Wash out Pump & Lines. Release Latch down Plug. Displace w/ 64.6 Bbl Fresh water. Final Pumping Pressure 700 PSI. Bump Plug to 2200 PSI. wait 2 minutes. Release Pressure. Float & Plug Hold. Good Circulation @ All times while Cementing. Job Complete. Rig down.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL   |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401         | 1                 | PUMP CHARGE                        |            |         |
| 5406         | 40                | MILEAGE                            | 870.00     | 870.00  |
|              |                   |                                    | 3.45       | 138.00  |
| 1126 A       | 100 SKR           | THICK SET CEMENT                   | 16.00      | 1600.00 |
| 1110 A       | 500"              | KOL-SEAL 5" / SKR                  | .39"       | 195.00  |
| 1111 A       | 100"              | Metasilicate Pre Flush             | 1.70"      | 170.00  |
| 5407         | 5.5 TONS          | Ton Mileage BULK TRUCK             | M/jc       | 296.00  |
| 5502 c       | 4 Hrs             | 80 Bbl VAC TRUCK                   | 94.00      | 376.00  |
| 1123         | 3000 gals         | City water                         | 14.00/1000 | 42.00   |
| 4454         | 1                 | 5 1/2 Latch down Plug              | 228.00     | 228.00  |
| 4159         | 1                 | 5 1/2 AFU Float shoe               | 309.00     | 309.00  |
| 4104         | 1                 | 5 1/2 Cement Basket                | 206.00     | 206.00  |
| 4130         | 4                 | 5 1/2 x 7 7/8 Centralizers         | 44.00      | 176.00  |
|              |                   | Sub Total                          |            | 4806.00 |
|              |                   | SALES TAX                          |            | 155.09  |
|              |                   | ESTIMATED TOTAL                    |            | 4961.09 |

Rev 01/07

Thank you  
 832017  
 TITLE C & G Datq Topographer

AUTHORIZATION witnessed By Duke Coulter

DATE 11-13-09