

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. 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)</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	Hupfer Operating, Inc.
Well Name	CROSS REACH FARMS 4
Doc ID	1381596

Tops

Name	Top	Datum
Heebner	2871	-1066
Toronto	2893	-1088
Douglas	2903	-1098
Brown Lime	2990	-1185
Lansing	3017	-1212
Arbuckle	3290	-1485
RTD	3295	-1490
Dulomite	3616	-1811





FIELD ORDER N° C 45274

BOX 438 • HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 12-21 20 17

IS AUTHORIZED BY: Hupfer OPERATING INC  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease CROSS RAUCH FARMS Well No. 4 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County Rice State Ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED \_\_\_\_\_ Well Owner or Operator By \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	15	Mileage Pickup	2.00	30.00
2	15	Mileage Pump TRUCK	4.00	60.00
2	1	Pump Chg. 4 1/2" LINER LINER	1600.00	1600.00
2	250sx	65-35 Pozmix 2% Gel	10.75	2687.50
2	9sx	ADDITIONAL Gel	22.00	198.00
2	150lbs	C-12	6.00	900.00
2	1	Insert Float Auto Fillup	355.00	355.00
2	1	4 1/2" wiper Plug Rubber	65.00	65.00
2	262	Bulk Charge	1.25	327.50
2	15	Bulk Truck Miles $1152 = 172.80 \times 1.10 =$		190.08
		Process License Fee on _____ Gallons		
		TOTAL BILLING	18%	6413.08

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Duane Brozek

Station Gr. Beva, Ks.

Dennis Hupfer  
Well Owner, Operator or Agent

1154.35  
5258.73

Remarks \_\_\_\_\_

NET 30 DAYS





James C. Musgrove  
Petroleum Geologist

Office  
(620) 588-4250

212 Main St. • P.O. Box 215 • Claflin, KS 67525

Home  
(620) 587-3444

# GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY Huffer Operating Inc.  
 LEASE Cross Reach Farms #4  
 FIELD Chase-Silica  
 LOCATION 50'E-C-SE-NW  
 SEC 32 TWP 19<sup>s</sup> RGE 10<sup>w</sup>  
 COUNTY Rice STATE Kansas

ELEVATIONS

B 1805  
 F \_\_\_\_\_  
 L 1797  
 Measurements Are All  
 from -KB-

CONTRACTOR Discovery Drilling Co. (rig #2)  
 SPUD 10-15-2012 COMP 10-21-2012  
 RTD 3295 LTD - No Log  
 MUD UP 2600' TYPE MUD Chemical displaced

CASING  
 SURFACE 8 7/8" @ 240+  
 PRODUCTION 5 1/2" @ 3291

ELECTRICAL SURVEYS

None

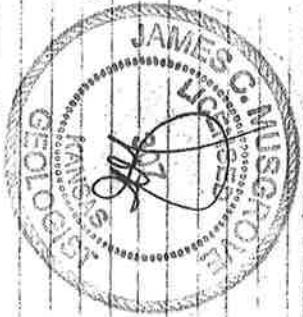
SAMPLES SAVED FROM 2700  
 DRILLING TIME KEPT FROM 2700  
 SAMPLES EXAMINED FROM 2800  
 GEOLOGICAL SUPERVISION FROM 2900  
 GEOLOGIST ON WELL Jim Musgrove



FORMATION TOPS	LOG	SAMPLES
<u>Heebner</u>	<u>No log</u>	<u>2871 - 1066</u>
<u>Toronto</u>	}	<u>2893 - 1088</u>
<u>Douglas</u>		<u>2903 - 1098</u>
<u>Brown lime</u>		<u>2990 - 1185</u>
<u>Lansing</u>		<u>3017 - 1212</u>
<u>Arbuckle</u>		<u>3290 - 1485</u>
<u>RTD</u>		<u>3295 - 1490</u>
	<u>no log</u>	

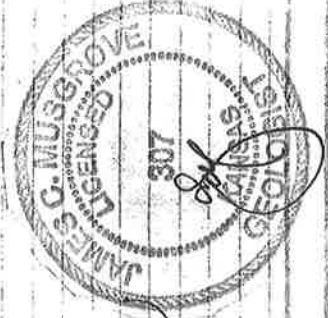

REMARKS

5 1/2" production casing was set & cemented on the Cross Reach Farms # 4.



Cross Reach Farms # 4.

Respectfully submitted,  
James C. Musgrove  
Petroleum Geologist



LOG 7702

LEGEND

- Anhydrite
- Salt
- Sandstone
- Shale
- Carb sh
- Limestone
- Ool. Lime
- Chert
- Dolomite

LITHOLOGY	DEPTH	DRILLING TIME (Logarithmic Scale)	SAMPLE DESCRIPTIONS	REMARKS
	5			
	1			
	2			
	3			
	4			
	5			
	10			
	15			
	20			
	30			

7505



ls, tan, foss, cherty, few  
scales, shaly, brown spots  
sh, n. g. - no odor.

32

ls, tan, grey, cherty

fr. grey A

blk carb. sh.

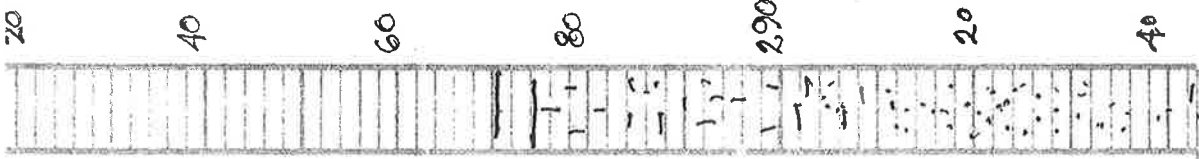
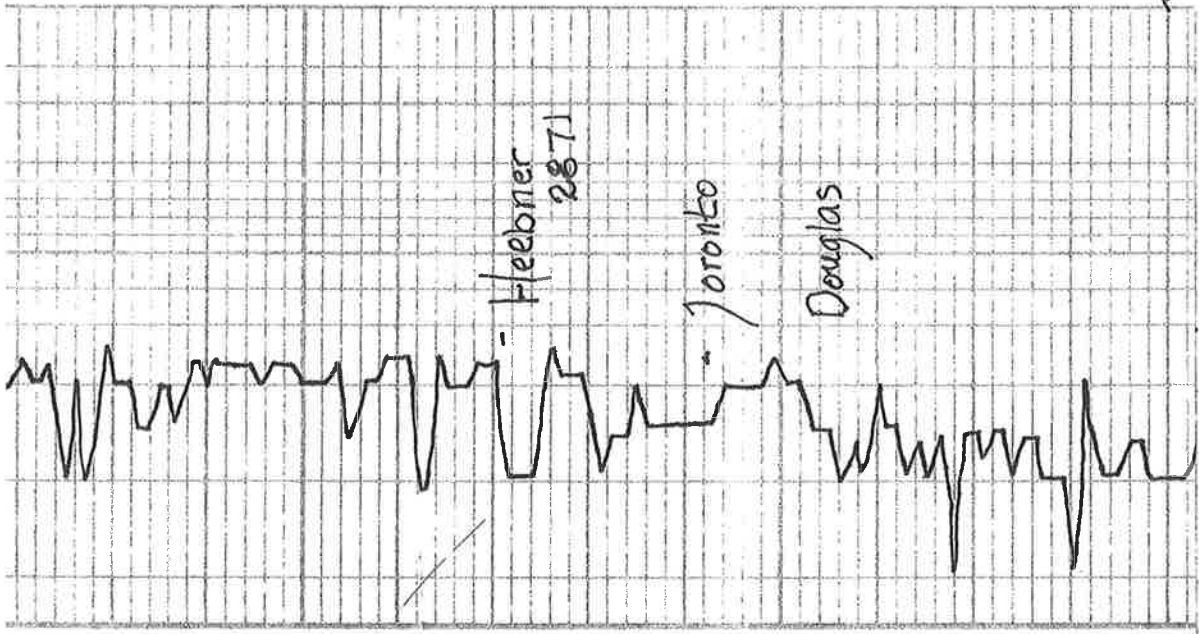
gy / rusty brown. green ss

ls, wh / green / tan, cherty -  
Poor?

gy / greyish green silty sh

sand; v. gy, grey, sub rounded  
friable in part, good ss / silt  
n. g. / no odor

sand ss



1805 KB

SAFE SILTY SS

fine, gray/dk gray sh

Dr. w/ls, cherty

~ dk gray sh.

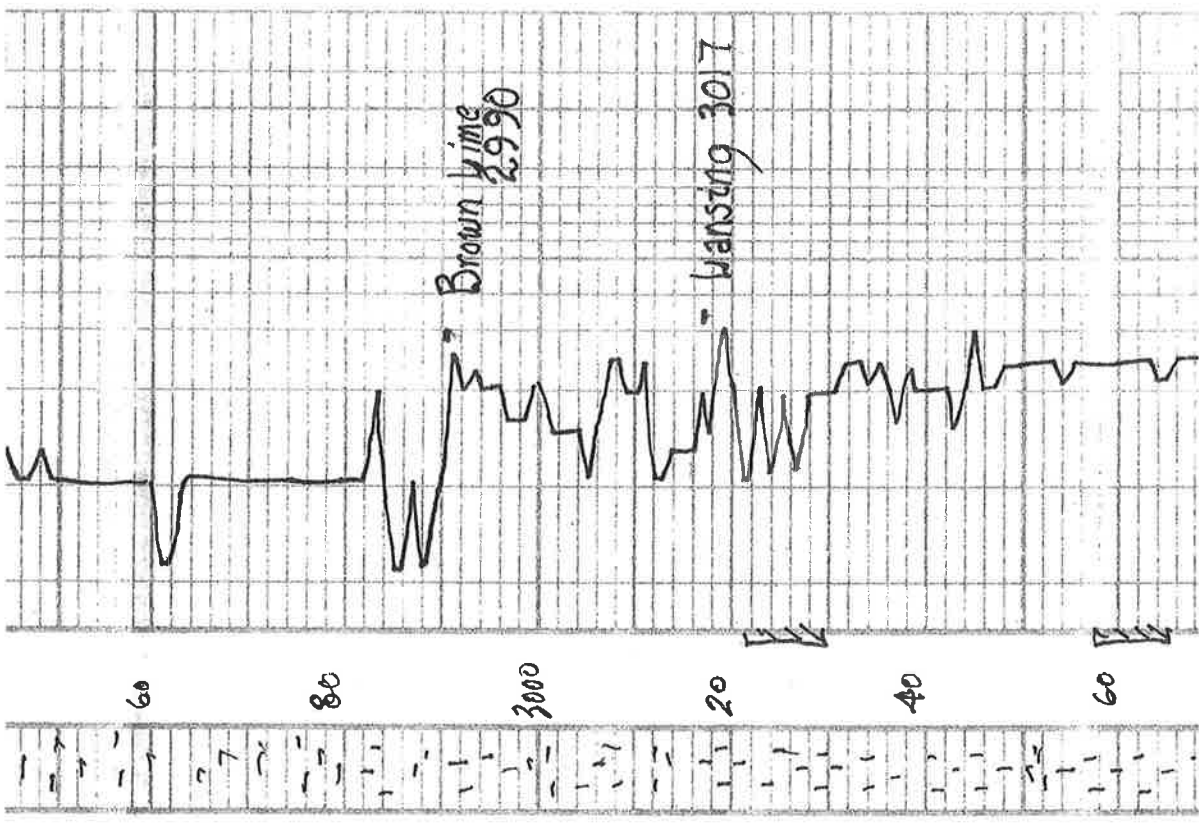
ls, tan/brown, fxl  
ly in part n

gray/guish green silty sh

ls, tan/gray, foss, few cherty  
small pp g, brown sh,  
fr. ss no odor.

ls, gray/tan, foss, cherty  
sh, poor g

ls, gray,ool, cherty, poor vis g,  
fr. ss, no odor



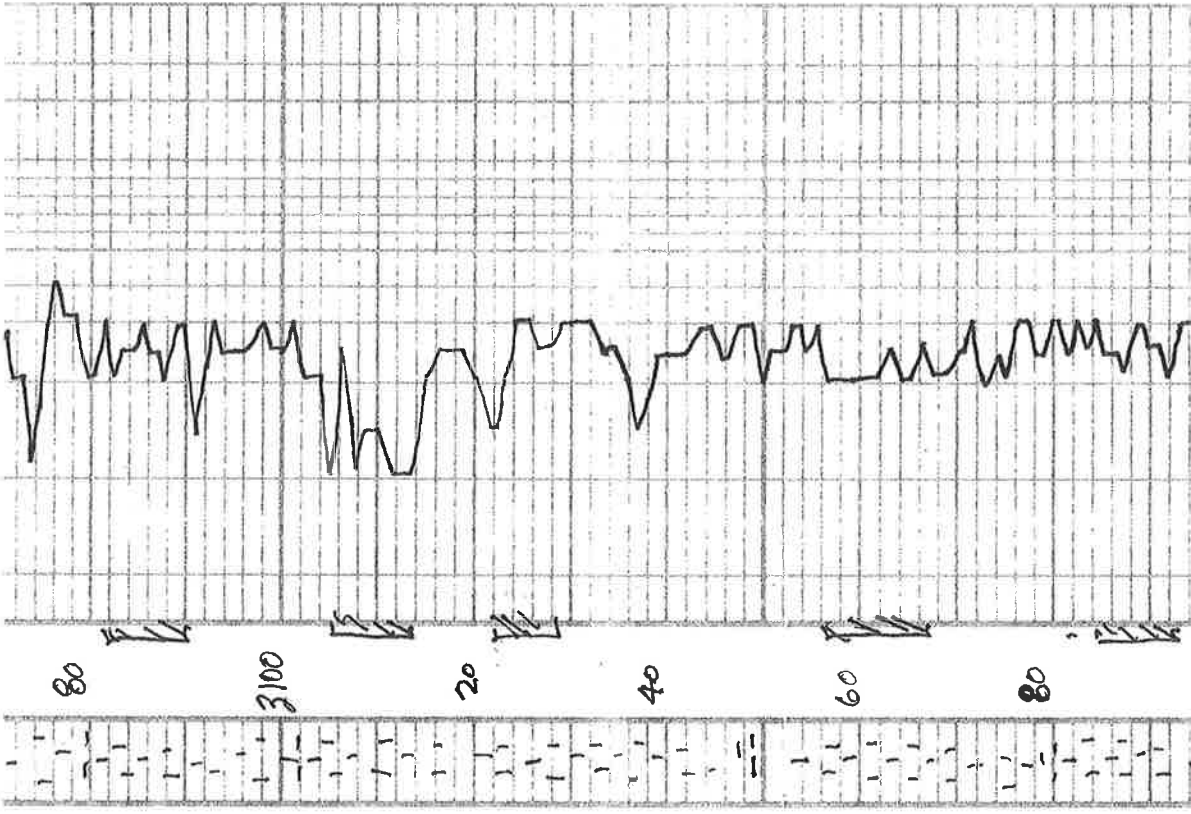
L.S. gray, ooily, chunky - Poor q  
four chert by  
+ tan, f-med. chert, few ool  
cherty N.S.

L.S. tan, ool., scatt q, chunky  
brown stn, N.S. f/f. odor  
} }  
~ sea

L.S. tan, f.x. N. slightly  
Arg  
~ blk carb. sh.

L.S. tan, slightly ool, chunky  
tan brown, stn, N.S. f, f  
?? odor

L.S. gray/tan ool, sub ool.  
gm - blk stn, N.S. f, no odor



80

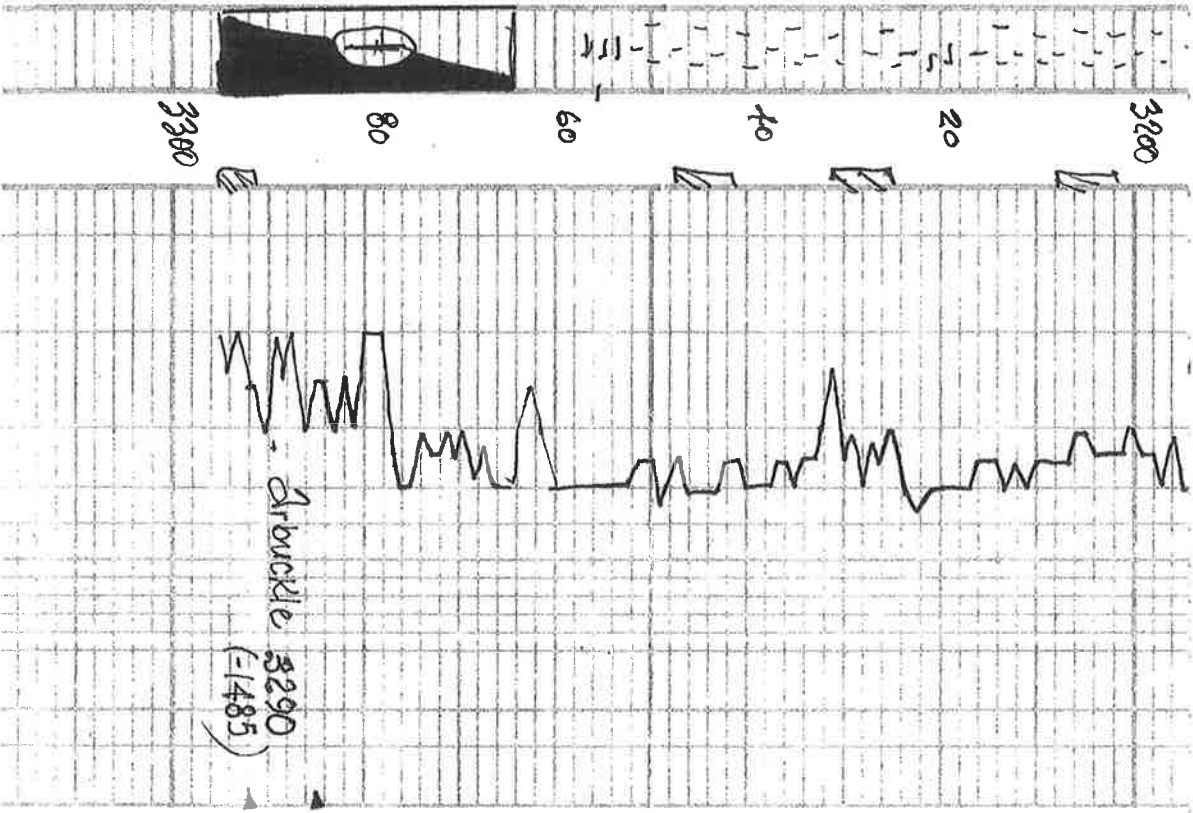
3100

20

40

60

80



4-ton, fine red & grey oil - dense

~ 3m / 9 years sh.

~ 1.5 ton oil / 5000, 5000 ft of  
 yr. brown sh. 500, 500 ft. odor

~ area ?

~ 20 / rusty brown sh

~ 1.5 ton / 1000 (X 2), slightly  
 400 (dsc)

~ 2.5 ton / mar sh  
 2.5 ton (grey) fr - muddy, g/l sh. ??? odor  
 1.5 ton, 1.5 ton, 1.5 ton  
 slightly disintegrated  
 1.5 ton, 1.5 ton, 1.5 ton  
 fr. brown sh. 300, fr. odor

**DC# 1 3266-3295**

20-30-20-30

Blow string

Rec' 560' gas in  
 pipe

375' muddy  
 gassy oil  
 125' water

pressures, ISIP 855 Pa  
 5: 855 Pa  
 IFIP 31-131 Pa  
 550 Pa  
 H 54 137-220 Pa

