

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) (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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Operator:
Black Gold Kansas George, LLC

George #8
Bourbon Co, KS
19-25-22E
API #011-24571-00-00

Spud Date:	10/3/2017	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22'	Longstring:	652.05'
Surface Cement:	4 sx	Longstring Date:	10/5/2017
Longstring:			

Driller's Log

Top	Bottom	Formation	Comments
0	16	Lime	
16	18	Shale Blk	
18	23	Lime	
23	30	Shale	
30	47	Lime	
47	98	Shale	
98	104	Lime	
104	210	Shale	
210	214	Lime	
214	219	Shale	
219	225	Lime	
225	238	Shale	
238	242	Red Bed	
242	311	Shale	
311	334	Lime	
334	352	Shale	
352	353	Lime	
353	380	Shale	
380	394	Lime	
394	401	Blk Shale	
401	405	Shale	
405	407	Lime	
407	516	Shale	
516	517	Lime	

George #8
Bourbon Co., KS

517	554	Shale	
554	556	Sand	Slight odor, laminated sand, mostly shale
556	558	Sand	Slight bleed, good odor, solid sand, soft.
558	595	Shale	
595	602	Grey Sand	Grey sand, no odor
602	606	Grey Sand	Laminated, slight odor, slight bleed in samples.
606	611	Grey Sand	Laminated sand, soft.
611	616.5	Grey Sand	Laminated, water sand
616.5	641	Shale	
641	645	Blk Sand	
645	645.5	Lime	
645.5	657	Shale	
657	661	Sand	Slight bleed to pit, good odor.
661	668	Shale	
668		TD	

Top perf. 603
Bottom Perf. 611

CEMENTING LOG

Company Black Gold Kansas George, LLC	Lease 0	Well Name/No. George # 8
Type Job Longstring	Type & Amt Material Class A 2% gel 3% Cc	
Field 0	Ticket Number 50159	

CASING DATA					
Size	2.875	Type	Weight	6.4	Collar
Casing Depths:	Top	0	Bottom	652	
Drill Pipe:	Size	Weight	Collars		
Open Hole:	Size	5.875	T.D. (ft)	658	P.B. to (ft)

CAPACITY FACTORS					
Casing	Bbls/Lin. ft.		0.00579	Lin. ft./Bbl	
Open Holes	Bbls/Lin. ft.			Lin. ft./Bbl	
Drill Pipes	Bbls/Lin. ft.			Lin. ft./Bbl	
Annulus	Bbls/Lin. ft.		0.0255	Lin. ft./Bbl	
	Bbls/Lin. ft.			Lin. ft./Bbl	
Perforations	From (ft)	To	Amount		

CEMENT DATA					
Spacer Type	Mudflush				
Amt.	5 BBL	Sks Yield		ft ³ /sk	Density (PPG)

LEAD					
Pump Time (hrs)		Type		Excess	
Amt.	Sks Yield	ft ³ /sk	Density (PPG)		

TAIL					
Pump Time (hrs)		Type	A 2% Gel 3% C.C	Excess	25%
Amt.	83	Sks Yield	1.41	ft ³ /sk	Density (PPG)

WATER					
Lead	gals/sk	Tail	6.85	gals/sk	Total (Bbls.)
Pump Trucks Used					230
Bulk Equipment					241
Float Equipment: Manufacturer					
Shoe: Type				Depth	
Float: Type				Depth	
Centralizers: Quantity		Plugs: Top		Bottom	
Stage Collars					
Special Equipment					
Disp. Fluid Type	Freshwater	Amt. (Bbls.)		4	Weight (PPG)
Mud Type					Weight (PPG)

COMPANY REPRESENTATIVE Chris McGown **CEMENTER** Jake Heard

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED/ TIME PERIOD	RATE (BBLs MIN.)	
						On location safety meeting
						Spot in and rig up
						Hook up to tubing
11:00 AM	100		5		4	Break circulation
	100		5		4	Pump Mudflush
	100		4		4	Pump water
	100		5		4	Pump dyed water
	180		20.84		4	Mix and pump cement
						Stop
						Wash pump and lines
						Drop plug
	200		4		3	Displace
11:35 AM	1250		4		3	Bump plug
	0					Release pressure
						Shut in well
						Rig down and leave location
						Thanks---- Jake, Kevin and Ron