

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 <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	Glacier Petroleum Co., Inc.
Well Name	HARTLEY 7
Doc ID	1384816

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	15	11.75	42	158	Com	125	unknown
Production	10.75	7	23	2457	Com	60	unknown
Liner	6.5	5.5	17	2444	Com	100	unknown
Liner	5	4.5	11	2422	Com/Poz	140	Qset/Poz

810 E 7<sup>TH</sup>  
PO Box 92  
EUREKA, KS 67045  
(620) 583-5561



**Cement or Acid Field Report**  
Ticket No. **3676**  
Foreman Kevin McCoy  
Camp EUREKA

API # 15-017-19049-00-01

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-15-17	1001	Roby # 7	35	22S	9E	Chase	Ks
Customer			Unit #	Driver		Unit #	Driver
GLACIER Petroleum Mailing Address P.O. Box 577 City Emporia			105	DAVE G.			
				ALLEN B.			
			145	STEVE M.			
State			City	State	Zip Code		
Ks			Emporia	Ks	66801		

Job Type 4 1/2 LIner Hole Depth 2494' open hole Slurry Vol. 31 BBL Tubing \_\_\_\_\_  
 Casing Depth 2422' Hole Size \_\_\_\_\_ Slurry Wt. 13.8 # Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 5 1/2 @ 2444.75 Cement Left in Casing 0' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 39 BBL Displacement PSI 600 Bump Plug to 1000 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting: CIBP Set @ 2427' in 5 1/2 casing. 4 1/2 LIner Set @ 2422'. Rig up to 4 1/2 LIner. BREAK Circulation w/ 41 BBL fresh water w/ Dye. Took 51 BBL to get Dye to SURFACE. Mixed 85 SKS 60/40 Pozmix w/ 4% Gel, 1/4% CDI-26 @ 13.8 #/gal, yield 1.25 = 19 BBL Slurry. Shut down. wash out Pump & Lines. Release Plug. Displace Plug to SEAT w/ 39 BBL FRESH WATER. (No Fluid Returns to SURFACE the Last 2 BBL of Displacement @ 1.2 BPM) FINAL Pumping Pressure 600 PSI. Bump Plug to 1000 PSI. Release Pressure. Float Hold. Repressure 4 1/2 to 700 PSI. Rig up to Annulus of 4 1/2 LIner. Establish Injection Rate @ 1.2 BPM @ 750 PSI. Mixed & Pumped 55 SKS 60/40 Pozmix Cement w/ 4% Gel, 1/4% CDI-26 @ 13.8 #/gal = 12 BBL Slurry down Annulus of 4 1/2 LIner. Starting Squeeze Pressure WAS 750 PSI. FINAL Pressure WAS 1050 PSI. Shut in @ 200 PSI. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 104	1	Pump Charge	1050.00	1050.00
C 107	25	Mileage	3.95	98.75
C 203	140 SKS	60/40 Pozmix Cement	12.75	1785.00
C 206	480 #	Gel 4%	.20 #	96.00
C 212	25 #	CDI-26 1/4%	8.00 #	200.00
C 108 A	6.02 TONS	Ton Mileage	M/C	345.00
C 113	3 HRS	80 BBL VAC TRUCK	85.00	255.00
C 224	3300 GALS	City Water	10.00/1000	33.00
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
C 683	1	4 1/2 weld on Flush Joint Float Shoe	254.00	254.00
THANK YOU			Sub TOTAL	4161.75
—NA—			Less 5%	217.14
7.5 %			Sales Tax	180.98
			<b>Total</b>	<b>4125.59</b>

Authorization Called By JEFF Hawes Title \_\_\_\_\_ Total 4125.59  
 Witnessed By KCC Agent John

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.