

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	HERMAN L. LOEB, LLC
Well Name	STALEY 2
Doc ID	1388505

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	4557	4560			Shot
4	4566	4570			Shot
4	4573	4579			Shot
4	4582	4588			Shot
4	4592	4597			Shot
4	4600	4616			Shot





CEMENTING SERVICE  
TICKET

No. 426659

DATE 8-29-58	CUSTOMER'S ORDER NO.	CUSTOMER'S REQ. NO.	SEC. 15	TWP. 22	RNG. 25	TRK. CALLED 8-28-58 5:00	OUT DATE 8-28-58 P.M.	ON LOCATION DATE 8-29-58 9:30 A.M.	JOB BEGAN DATE 8-29-58 6:30 A.M.	JOB COMPLETED DATE 8-29-58 9:00 P.M.
WELL NO. AND FARM 2 Staley		PLACE OR DESTINATION N-W Yetmore				COUNTY Hodgeman		STATE Kansas		
OWNER Kewonoe Oil Co.		CONTRACTOR Braham-Michaels				CHARGE TO Kewonoe Oil Co.				
DUNCAN USE ONLY		MAILING ADDRESS Box 2939				CITY & STATE Tulsa Oklahoma		TERMS Cash discount will be allowed if paid by 20th of following month. 6% interest charged after 60 days from date of invoice.		
						Cus. Inv. Req. Orig. &		No. Copies		
						<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other				

OWNER, OPERATOR OR HIS AGENT STATES THE WELL IS IN CONDITION FOR THE SERVICE JOB TO BE PERFORMED AND SUBMITS THE FOLLOWING DATA:

TYPE OF JOB (X) ONE	CASING		HOLE DATA		TUBING OR DRILL PIPE		CEMENTING PACKER		MAKE FLOAT EQUIPMENT	
	SURFACE	NEW	✓	BORE SIZE	7 7/8"	SIZE		SIZE		FLOAT COLLAR
INTERMEDIATE	USED		TOTAL DEPTH	4645	TYPE		TYPE		GUIDE SHOE	Baker
PRODUCTION	SIZE	5 1/2"	ROTARY	✓	WEIGHT		WEIGHT		OTHER EQUIPMENT	2-Centralizers-Baker
SQUEEZE	WEIGHT	14 #	CABLE TOOL		TOTAL DEPTH		DEPTH SET		60 Rota Well Cleaners	H.O.W.C.O.
PUMPING	DEPTH	4643								
PLUG BACK	TYPE									
GROUTING										
OTHER (WRITE IN)										

SQUEEZE OR PLUG BACK DATA

PURPOSE	DEPTH FROM	TO APPROX.	IN SIZE CASING	HOLE
WATER				
GAS				
ABANDON				

CEMENT DATA

BULK?	✓	SACKED?		MIXED WT. PER GAL.	15 #
SACKS	100	TYPE	No 1	BRAND	Pozmix
				% GEL.	25 #
				OTHER ADMIX	Flocele
B.C. 311404					

OTHER DATA ON SERVICE OPERATION

PLUGS AND HEADS		PRESSURE	
BOTTOM PLUG	Yes TYPE Rubber	CIRCULATING	
TOP PLUG	Yes TYPE Rubber	MINIMUM	
TYPE HEAD	PC	MAXIMUM	
CEMENT LEFT IN CASING		FT.	
22'			
BY REQUEST		NECESSITY MEASURED WITH LINE?	
✓		Yes	

INVOICE SECTION

DEPTH OF JOB	4645	FT.
PRICE REF.	5	
SERVICE AND RENTAL CHARGES		AMOUNT
BASE CHARGE		327.00
ADD'N CHARGE 645 @ 1.40 % 100'		9.80
EXTRA TRUCK		
STAND BY TRUCK		
MILEAGE		@

The following information is urgently requested in order that we may be fully advised, and to enable us to keep our standard of service up to the highest point.

Was operation of the cementing equipment satisfactory?  Yes

Was the work of the crew performed in a satisfactory manner?  Yes

Was cementing job satisfactorily completed?  Yes

Suggestions:

*R.D. Davis*  
OWNER, OPERATOR OR HIS AGENT

TRUCK NO. & TYPE	TITLE	NAME	LOCATION
3159	CEMENTER	J.H. Guthrie	B. Bend
AC-VP	DRIVER	R.H. Fulkerson	
	CEMENTER		
	DRIVER		
	CEMENTER		
	DRIVER		

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished covered by this invoice.

SUB-TOTAL	336.80
SALES TAX	
TOTAL	



CEMENTING SERVICE  
TICKET

No. 2542658

DATE 8-15-58	CUSTOMER'S ORDER NO.	CUSTOMER'S REQ. NO.	SEC. 15	TWP. 22	RNG. 25	TRK. CALLED OUT DATE 8-15-58 3:30	ON LOCATION DATE 8-15-58 6:30	JOB BEGAN DATE 8-15-58 10:00	JOB COMPLETED DATE 8-15-58 11:00
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WELL NO. AND FARM Staley 2	PLACE OR DESTINATION N-W Yetmore	COUNTY Hodgeman	STATE Kansas
OWNER Kewanee Oil Co	CONTRACTOR Braham + Michael's	CHARGE TO Kewanee Oil Co	

DUNCAN USE ONLY	Cus. Inv. Req. Orig. &	MAILING ADDRESS Box 2239
	<input type="checkbox"/> 1	CITY & STATE Tulsa Oklahoma
	<input type="checkbox"/> 2	TERMS
	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other No. Copies \$	Cash discount will be allowed if paid by 20th of following month. 6% interest charged after 60 days from date of invoice.

OWNER, OPERATOR OR HIS AGENT STATES THE WELL IS IN CONDITION FOR THE SERVICE JOB TO BE PERFORMED AND SUBMITS THE FOLLOWING DATA:

TYPE OF JOB (X) ONE	CASING	HOLE DATA	TUBING OR DRILL PIPE	CEMENTING PACKER	MAKE FLOAT EQUIPMENT
SURFACE <input checked="" type="checkbox"/>	NEW <input checked="" type="checkbox"/>	BORE SIZE 12 1/4"	SIZE	SIZE	FLOAT COLLAR
INTERMEDIATE	USED	TOTAL DEPTH 560'	TYPE	TYPE	GUIDE SHOE
PRODUCTION	SIZE 8 5/8"	ROTARY <input checked="" type="checkbox"/>	WEIGHT	WEIGHT	OTHER EQUIPMENT
SQUEEZE	WEIGHT 24#	CABLE TOOL	TOTAL DEPTH	DEPTH SET	2-Centralizers Baker
PUMPING	DEPTH 558'				
PLUG BACK	TYPE				
GROUTING					
OTHER (WRITE IN)					

SQUEEZE OR PLUG BACK DATA

PURPOSE	DEPTH FROM	TO APPROX.	IN SIZE CASING	HOLE
WATER				
GAS				
ABANDON				

CEMENT DATA

BULK? <input checked="" type="checkbox"/>	SACKED? <input type="checkbox"/>	MIXED WT. PER GAL. 15.5#
SACKS 350	TYPE No 1 Pozmix	% GEL. 90# Flocele
6	Calcium Chloride	
	B.O. 314970	

OTHER DATA ON SERVICE OPERATION

PLUGS AND HEADS	PRESSURE
BOTTOM PLUG TYPE	CIRCULATING
TOP PLUG Yes TYPE Wood	MINIMUM
TYPE HEAD PC	MAXIMUM
CEMENT LEFT IN CASING 33' FT.	
<input checked="" type="checkbox"/> BY REQUEST <input type="checkbox"/> NECESSITY MEASURED WITH LINE Yes	

INVOICE SECTION

DEPTH OF JOB 560 FT.		
PRICE REF.	SERVICE AND RENTAL CHARGES	AMOUNT
3	BASE CHARGE 300'	152 00
	ADD'N CHARGE 240' @ 14 2/3% ft.	36 40
	EXTRA TRUCK	
	STAND BY TRUCK	
	MILEAGE @	

The following information is urgently requested in order that we may be fully advised, and to enable us to keep our standard of service up to the highest point.

Was operation of the cementing equipment satisfactory? \_\_\_\_\_ Was the work of the crew performed in a satisfactory manner? \_\_\_\_\_

Was cementing job satisfactorily completed? \_\_\_\_\_ Suggestions: \_\_\_\_\_

OWNER, OPERATOR OR HIS AGENT

TRUCK NO. & TYPE	TITLE	NAME	LOCATION
3159 HC-VP	CEMENTER	R. J. Fulmer	St. Bond
	DRIVER	R. J. Fulmer	
	CEMENTER		
	DRIVER		
	CEMENTER		
	DRIVER		

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished covered by this invoice.

SUB-TOTAL	188 40
SALES TAX	
TOTAL	

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