

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)*

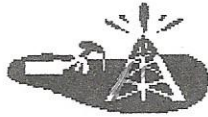
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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Company: DMJ oil
 Farm: Henrichs
 Well No: 29
 API: 15-061-31500
 Surface Pipe: 20' 7"



Contractor: **DMJ OIL**

License # **7160**

County: Allen

Sec: 14 Twp 26 Range 19E

Location: 1815 FNL

Location: 2145 FEL

Spot: SE NW SW NE

30490

Started


12-18-17-12-21-17

Thickness	Thickness	Formation	Remarks	Pipe Tally	Ft.	Depth	X
Top	Bottom	L,Sh,Sa,CL		Kelly Sub			
0	4	Top bit Chng		#2 Collar	27	78.5	X
4	29	Sand Stone		#3 collar	24.4	102.9	X
29	34	Coal		1	31.8	134.7	X
34	48	Sand Stone		2	31.7	166.4	X
48	222	Lime		3	31.6	198	X
222	344	Shale		4	29.9	227.9	X
344	347	Sandy Shale		5	30.8	258.7	X
347	397	Shale		6	30.7	289.4	X
397	432	Lime		7	31.6	321	X
432	501	Shale		8	31.7	352.7	X
501	534	Lime		9	31.9	384.6	X
534	573	Shale		10	31.7	416.3	X
573	591	Lime		11	31.5	447.8	X
591	597	Shale		12	31.9	479.7	X
597	601	Lime		13	32.3	512	X
601	623	Shale		14	31.4	543.4	X
623	626	oil sand	BRK at Shm	15	31.4	574.8	X
626	634	Mud	Good bleed	16	31.5	606.3	X
634	700	Shale		17	31.7	638	X
700	701	Lime		18	31.7	669.7	X
701	749	Shale		19	30.8	700.5	X
749	763	oil sand	oil Shm - od	20	31.9	732.4	X
763	784	Shale		21	31.1	763.5	X
784	790	oil sand	oil Shm color	22	31.1	794.6	X
790	820	Shale		23	31.3	825.9	X
820	820	oil sand	Good bleed	24	31.6	857.5	X
820	857			25	30.9	888.4	X
				26	30.7	919.1	X
				27	31.6	950.7	X
				28	31.4	982.1	X
				29	30.9	1013	X
				30	31.2	1044.2	X
				31	31.2	1075.4	X
				32	31.3	1106.7	X
				33	31	1137.7	X
				34	30.1	1167.8	X
				35	31.8	1231.4	X

857 TD Well
855 TD Pipe

111ft
14ft
6ft 2
10ft 2

Squid 620-10ft
Catlines 630-10ft
752-760-8ft
Bostonville 785-792-7ft



Hammer Ready Mix

1300 2200 Rd.
 Des. MO 66742
 620-355-7200

#1	TR/12/16	TR/21/17	ACCOUNT	DMK	T15	OPER	CHRIS	T1922
CUSTOMER NAME WRESTLERS 2357 NEBRASKA RD TOLA, KS 66749					DELIVERY ADDRESS 2800 DELEWARE			
PROVIDER ORDER	SALES ORDER	ALLEN CO		CREDIT			BLANK 0.00 in	

LOAD QTY	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
0.50 yd	+ WELL MUD	WELL (10 SACKS PER YARD)	10.50	21.00		
0.50 ea	HAUL & MI	HAUL & MIX	10.50	21.00		
0.50 ea	HOT WATER	HOT WATER	10.50	21.00		
0.50 cy	CALCIUM	1X CALCIUM	10.50	21.00		

LOADED	ARRIVE JOB SITE	START DUMPING	FINISH DUMPING	ARRIVE PLANT	SUB TOTAL
1:15	1:40	1:44	1:59	2:45	

1/2 MILE S ON THE WEST SIDE TANK BATTERY WITH
ATE THERE WILL BE A GUY THERE WAITING

The depth of aggregate is noted with the gross amount of water. If additional water is desired, please instruct the driver.

ADDITIONAL WATER
ADDED ON JOB →

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP
EXTRA CHARGE FOR OVER 30 MINUTES →

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.