

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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Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

**PRESSURE PUMPING**

**Job Log**

Customer:	Petrosantander	Cement Pump No.:	38119-19570	Operator TRK No.:	96815
Address:	11130 E 7 Mile RD	Ticket #:	1718-15588 L	Bulk TRK No.:	27808-19883
City, State, Zip:	Garden City Ks 67846	Job Type:	Z41 - Squeeze hole in casing		
Service District:	1718-Liberal Ks	Well Type:	OIL		
Well Name and No.:	Neely #6	Well Location:	33,23,32	County:	Finney
				State:	Ks

<b>CEMENT</b>	<b>SACKS</b>	<b>Additives</b>	<b>Truck Loaded On</b>		
H	250		27808-19883	Front	Back
				Front	Back
				Front	Back

<b>Lead/Tail:</b>	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
<b>Lead:</b>	15.6	1.18	5.22	295	Man Hours:	
<b>Tail:</b>					# of Men on Job	3

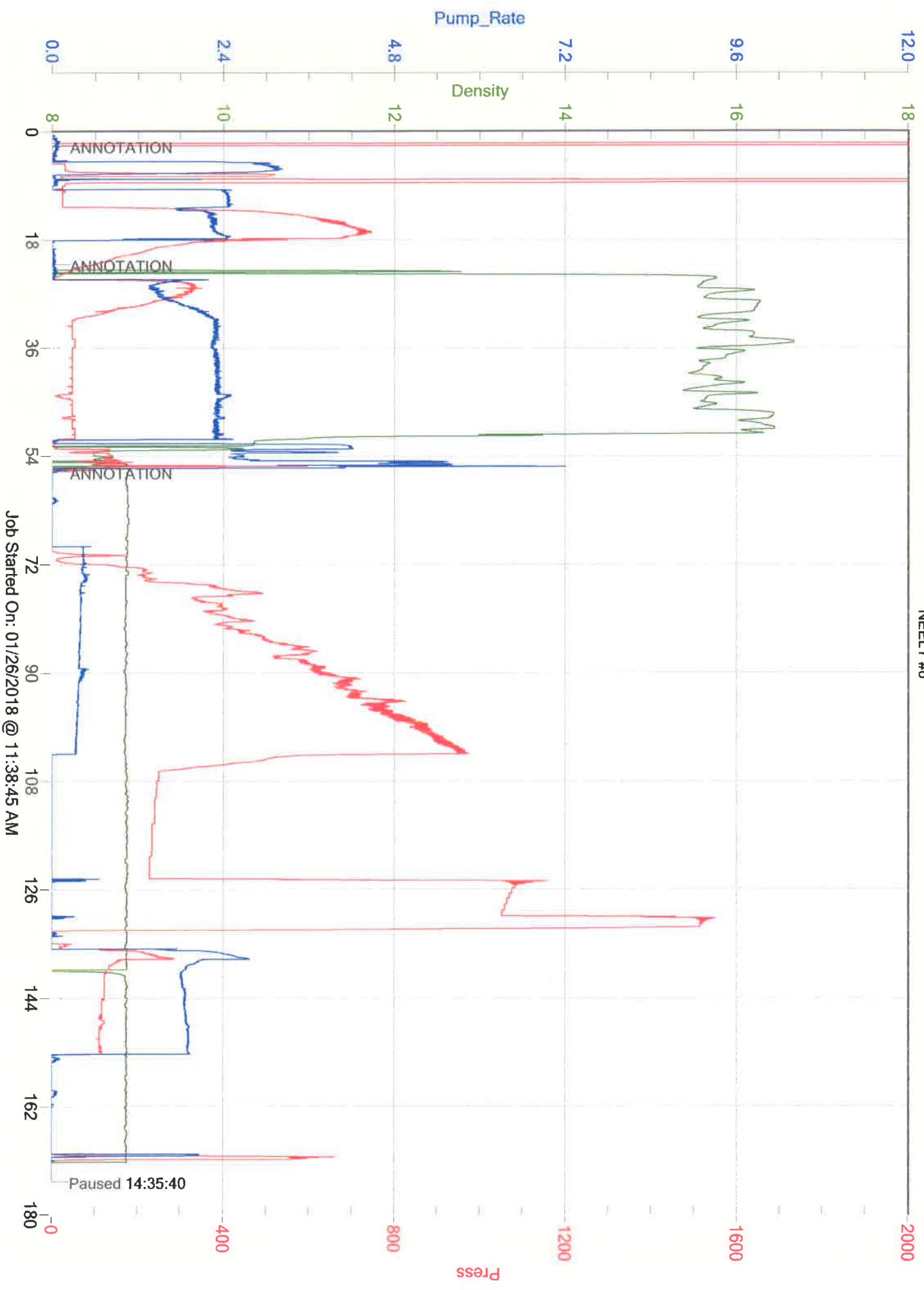
Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure(PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
11:00							ON LOC, SAFTEY MTG, R.U.
11:36		5				550	LOAD B.S.
11:39 AM					3000		TEST LINES
11:41 AM	2.4	18			680		INJECTION RATE
11:54 AM	1.4				300		START MIXING 50 SX 2%CaCl
12:01	2	10.5			100		ON NEAT CEMENT
12:24		52.5					SHUT DOWN WASHUP
12:29 PM					GRAV		START DISPLACEMENT
12:41	0.4	12					K.I.P CONTINUE DISPLACEMENT
13:16		25			930		SHUT DOWN,
13:38		25			228-1080		BUMP PSI
13:44		25			1050-1520		BUMP PSI
13:45					1520-0		RELEASE PSI, NO FLOW
13:49	2	34				210	REVERSE OUT PULL 5 STNDS
14:23					500		PSI UP TBG, SHUT IN

Size Hole		Depth			TYPE	
Size & Wt Csg.	5 1/2 15.5	Depth	4715'	New / Used	Packer	Depth
tbg.	2 7/8	Depth	4093		Retainer	Depth
Top Plugs		Type			HOLES	4224-4715'
						CIBP

Customer Signature:	Basic Representative:	CHAD HINZ
	Basic Signature:	
	Date of Service:	



PETROSANTANDER  
NEELY #6



Job Started On: 01/26/2018 @ 11:38:45 AM

Paused 14:35:40







Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

**PRESSURE PUMPING Job Log**

Customer:	Petrosantander	Cement Pump No.:	38117, 19919 9Hrs.	Operator TRK No.:	34726
Address:	11130 E 7 Mile RD	Ticket #:	1718 15605 L	Bulk TRK No.:	14355-37724 Manuel
City, State, Zip:	Garden City Ks 67846	Job Type:	Z41 - Scab Liner		
Service District:	1718-Liberal Ks	Well Type:	OIL		
Well Name and No.:	Neely #6	Well Location:	33,23,32	County:	Finney
				State:	Ks

Type of Cement	Sacks	Additives	Truck Loaded On		
Premium / Common	75	.75% C-37	14355-37724 Manuel	Front	Back
				Front	Back
				Front	Back

<b>Lead/Tail:</b>	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
<b>Lead:</b>				75	TT Man Hours:	36
<b>Tail:</b>	15.6	1.18	5.18	1.18	# of Men on Job:	4

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure(Psi)		Description of Operation and Materials
			T	C	Tubing	Casing	
8:10							ON LOCATION
9:00							RIG UP
10:10 AM							PRESSURE TEST 2600PSI
10:14 AM	2	30			700		INJECTION RATE
10:34 AM	1.9	15.7 slurry			660		PUMP 75SX @ 15.6#
10:52							SHUT DOWN -- WASH TO PIT
11:00	2	10					DISPLACE
	1.9	18			500		
	1.9	20			700		
	1.7	24.5			970		
11:14	1.6	26			1050		SHUT DOWN
							PULL 950' TBG
11:40							REVERSE OUT
		29					CEMENT RETURN
		34					FRESH WATER RETURN
12:04							PRESSURE UP TO 500PSI
12:10							CLOSED IN AT 400PSI
12:12							JOB COMPLETE
							THANK YOU

Size Hole		Depth			TYPE			
Size & Wt. Csg.	4 1/5"	Depth	700'	New / Used	Packer	YES	Depth	4830'
tbg.	2 3/8" 2 7/8"	Depth			Retainer		Depth	
Top Plugs		Type			Perfs		CIBP	

Customer Signature:	Basic Representative:	Angel Echevarria
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	2/5/2018



# Petrosantander USA

Neely #6

