

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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Form	ACO1 - Well Completion
Operator	Daystar Petroleum, Inc.
Well Name	COONS 3
Doc ID	1402004

Tops

Name	Top	Datum
Heebner	3718	-1651
Toronto	3738	-1671
Douglass	3755	-1688
Brown Lime	3862	-1795
Lansing	3871	-1804
Base KC	4145	-2078
Cherokee Shale	4309	-2242
Cherokee Sand	4314	-2247
Conglomerate	4333	-2266
Kinderhook Shale	4350	-2283
Kinderhook Sand	4358	-2291
TD	4413	-2346

Allied Cementing Co., Inc.

TEMPERATURE SURVEYS

Send the following information with temperature survey charts:

Date 12-12-76 Place Belpre 5s 1 1/4 E 1N

Company Name D.R. Lauck Order No. _____

Mailing Address 112 N. Main City Ellinwood State Ks

Owner of Well Same Contractor Co. Tools

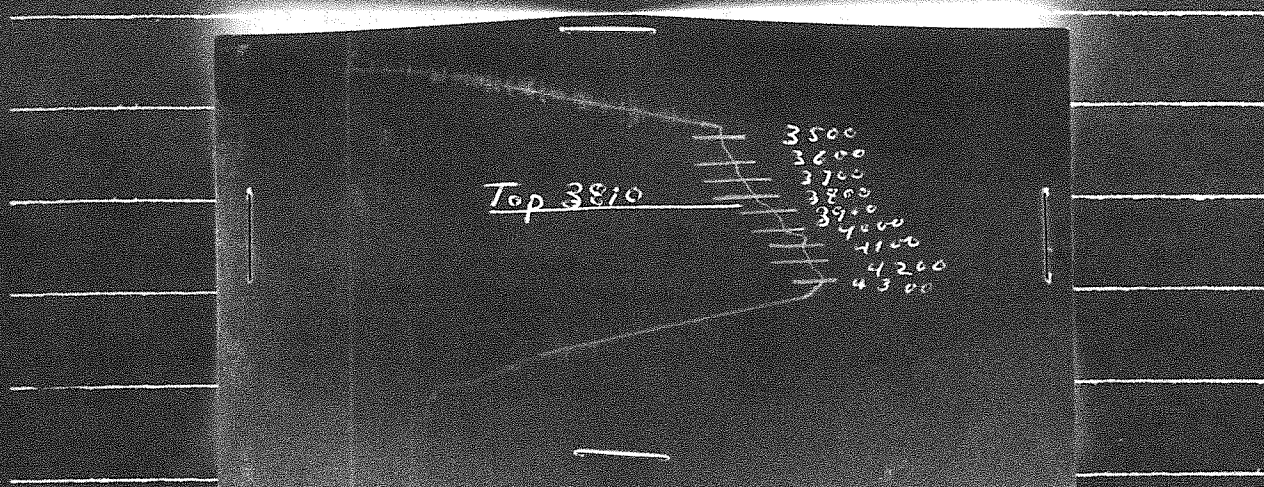
Well No. 3 Farm Coons County Edwards Sec. _____ Twp. _____ Rge. _____

Depth of Well 4410 Depth of Casing 4407 New or Used _____ Size 4 1/2 Weight _____ Size of Hole 7 7/8 Amount of Cement 100

Kind of Cement 6 1/4 pos Salt Sat .01% F.R.N.

Survey from Kelly Busting To 4380

DETAILS



Allied Cementing Co., Inc.

TEMPERATURE SURVEYS

Send the following information with temperature survey charts:

Date 12-12-76 Place Belpre 5S 14E 1N

Company Name D.R. Lauck Order No. _____

Mailing Address 112 N. Main City Ellinwood State Ks

Owner of Well Same Contractor Co. Tools

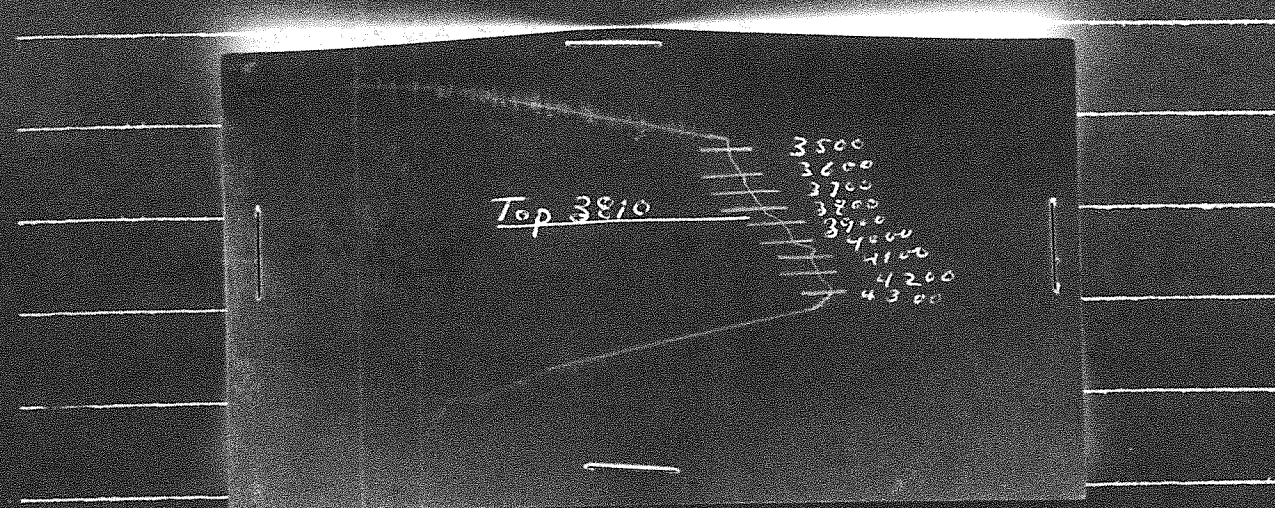
Well No. 3 Farm COONS County Edwards Sec. _____ Twp. _____ Rge. _____

Depth of Well 4410 Depth of Casing 4407 New or Used X Size 4 1/2 Weight _____ Size of Hole 7 7/8 Amount of Cement 100

Kind of Cement 6 3/4 pos Salt Set .0190 F.R.N.

Survey from Kelly Bushing to 4380'

DETAILS



Allied Cementing Co., Inc.

TEMPERATURE SURVEYS

Send the following information with temperature survey charts:

Date 12-12-76 Place Belpre 5S 14E 1N

Company Name D.R. Lauck Order No. _____

Mailing Address 112 N. Main City Ellinwood State Ks

Owner of Well Same Contractor Co. Tools

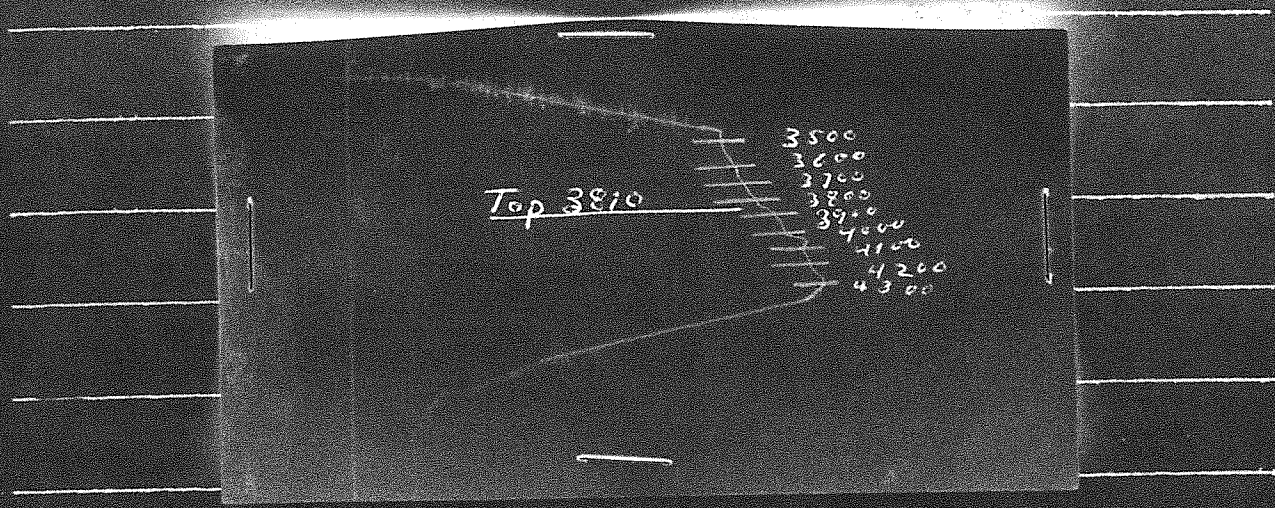
Well No. 3 Farm COONS County Edwards Sec. _____ Twp. _____ Rge. _____

Depth of Well 4410 Depth of Casing 4407 New or Used _____ Size 4 1/2 Weight _____ Size of Hole 7 7/8 Amount of Cement 100

Kind of Cement 6 1/4 pos Salt Set .0190 F.R.N.

Survey from Kelly Bushing To 4380'

DETAILS



DATE 11-29-76

COMPANY <i>D.R. Lanchell Co.</i>		WELL NO. <i>3</i>	LEASE <i>Coons</i>	RIG NO. <i>2</i>
SECTION	TWP. OR BLOCK	RNG. OR SURVEY	COUNTY <i>Ed.</i>	STATE <i>Ks.</i>

TOUR	FROM	TO	FORMATION	EMPLOYEE	OCCU-PATION	HOURS		RATE
						REG.	O.T.	
1				<i>E. V. Prince</i>	DRLR			
				<i>L. R. Wilcox</i>	DKM			
				<i>D. E. McEachern</i>	HLP			
				<i>L. C. Rice</i>	HLP			
HRS. RUN	HRS. LOST	REASON						
DEFLECTION	BITS RUN		HOURS RUN	CORE NO. & DESCRIPTION				
CONE NOS.	SET NO.	CORE HEAD NO.						

REMARKS:— *30000 quangel - 5 line - 4 hauler*

TOUR	FROM	TO	FORMATION	EMPLOYEE	OCCU-PATION	HOURS		RATE
						REG.	O.T.	
2		<i>0</i>	<i>Clay & sand</i>	<i>D. D. Folkeets</i>	DRLR			
		<i>80</i>	<i>Shale</i>	<i>E. M. Neighbors</i>	DKM			
		<i>155</i>	<i>Sand</i>	<i>Wm. Best in</i>	HLP			
		<i>190</i>	<i>Shale</i>	<i>hook having</i>	HLP			
HRS. RUN	HRS. LOST	REASON						
DEFLECTION	BITS RUN		HOURS RUN	CORE NO. & DESCRIPTION				
CONE NOS.	SET NO.	CORE HEAD NO.						

REMARKS:— *Rig up Drill Rat hole Spud 12 1/4 @ 10:15
 Trip to Clean Bit @ 226*

TOUR	FROM	TO	FORMATION	EMPLOYEE	OCCU-PATION	HOURS		RATE
						REG.	O.T.	
3		<i>350</i>	<i>shale</i>	<i>Robert H. Sanders</i>	DRLR			
		<i>371</i>		<i>B. T. PPKin</i>	DKM			
				<i>Lyle Christopher</i>	HLP			
				<i>Bill McQuistan</i>	HLP			
HRS. RUN	HRS. LOST	REASON						
DEFLECTION	BITS RUN		HOURS RUN	CORE NO. & DESCRIPTION				
CONE NOS.	SET NO.	CORE HEAD NO.						

REMARKS:— *Jet collar bit's change oil / tail filters in both motors nipple up*
*Run 99 to 8 5/8 28 # Used up Jolly 360. 82 bit @ 367
 Cam w/ 275 of Cam 290 get 370 Oct Cam Proc Plug down @
 5:15 PM Get by Allied Chem. Co.
 Hang block to cut Drp. line Pull Drp. line off Drum*

APPROVED BY FIELD SUPERINTENDENT