

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

July 2014

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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 #: _____

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: _____

Title: _____ Date: _____

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report 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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: _____	County: _____	API Number: _____
Operator Name: _____	Well Name and Number: _____	
Latitude: _____	Longitude: _____	Datum: _____
Production Type: _____	True Vertical Depth (TVD): _____	Total Base Fluid Volume (gal)*: _____

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Number

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

* Total Water Volume sources may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS).

WELL COMPLETION (FORM ACO-1)

Instructions

General Instructions.

1. The form must be typed.
2. All horizontal wellbore completions are required to attach the additional information with their ACO-1 as listed below in Section 11.

Section 0: Confidentiality.

- 0a. **Confidentiality Requested.** Mark the box to indicate if confidentiality is requested.

Section 1: Operator/Well Information.

- 1a. **License #.** Enter the operator's license number.
- 1b. **Name.** Enter the operator's full name as it appears on the operator's license.
- 1c. **Address.** Enter the operator's mailing address (street or PO Box).
- 1d. **City/State/Zip.** Enter the operator's city, state, and zip code.
- 1e. **Contact Person.** Enter the name of the individual who will be the operator's contact person, should Conservation Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- 1f. **Phone.** Enter the phone number of the contact person listed in "1e" above.
- 1g. **Contractor License #.** Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent.
- 1h. **Contractor Name.** Enter the name of the drilling contractor as it appears on the drilling contractor's operator license.
- 1i. **Wellsite Geologist.** Enter the name of the wellsite geologist witnessing the completion work.
- 1j. **Purchaser.** Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. **Designate Type of Completion.** Mark the appropriate box to indicate if it is a new well, re-entry, or workover. Also mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be marked.
- 1L. **Old Well Information. Only complete this section if the subject well is a workover or reentry.**
 - 1l(1). **Operator.** Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
 - 1l(2). **Well Name.** Enter the name under which the subject well was last operated.
 - 1l(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
 - 1l(4). **Original Total Depth.** Enter the original total depth of the subject well.
 - 1l(5). **Deepening, Re-perforate, Convert to Enhanced Recovery/ Saltwater Disposal/Gas Storage.** Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the well has been deepened, re-perforated, and/or converted to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked. For each box that is marked, enter the corresponding permit number to the right of the box.
- 1m. **Spud Date or Recompletion Date.** For new wells, enter the date on which the well was spud. Otherwise, enter the date on which current recompletion operations were commenced.
- 1n. **Date Reached TD.** Enter the date on which the operator reached total depth.
- 1o. **Completion Date or Recompletion Date.** For new wells, enter the date on which the new well was completed. Otherwise, enter the date on which current recompletion operations were finished.
- 1p. **API No. Enter the API Number.** This number is subject to change. Staff will contact the operator if major changes are made to the subject well's API Number.
- 1q. **Spot Location.** Enter the geographic location of the subject well by $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$ $\frac{1}{4}$, Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. **Footage Location from Section Lines.**
 - 1r(1). Enter the number of feet the subject well is located from the South or North section line. Circle which section line the measurement was taken from.

- 1r(2). Enter the number of feet the subject well is located from the East or West section line. Circle which section line the measurement was taken from.

- 1s. **Footages Calculated From Nearest Outside Section Corner.** Mark the appropriate box indicating the outside section corner nearest the location of the well.

- 1s(1). Enter GPS latitude
- 1s(2). Enter GPS Longitude
- 1s(3). Enter Datum

- 1t. **County.** Enter the county in which the well is located.
- 1u. **Lease Name/Well Number.** Enter the name of the lease and the well number.
- 1v. **Field Name.** List the name of the field where the well is located. Field names are available from KGS at <http://www.kgs.ku.edu/Magellan/Field/index.html>, or Independent Oil & Gas Service at <http://www.iogsi.com>.
- 1w. **Producing Formation.** Enter the name of the geologic formation from which the well is producing.
- 1x. **Elevation.**
 - 1x(1). **Ground.** Enter the elevation in feet above sea level for the well's location.
 - 1x(2). **Kelly Bushing.** Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- 1y. **Total Vertical Depth.** Enter the total vertical depth of the well.
- 1z. **Plug Back Total Depth.** Enter the total depth of the plug back in the well.
 - 1za. **Amount of Surface Pipe Set and Cemented.** Enter the depth to which surface pipe is set and cemented.
 - 1zb. **Multiple Stage Cementing Collar Used.**
 - 1zb(1). Mark the box to show if a multiple stage cementing collar was used to complete/recomplete the well.
 - 1zb(2). If a multiple stage cementing collar was used, fill in the blank with the depth at which it was set.
 - 1zc. **Alternate II Completion.** If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

Section 2: Drilling Fluid Management Plan.

- 2a. **Chloride Content.** Enter the chloride content in parts per million of reserve pit fluids.
- 2b. **Fluid Volume.** Enter the volume in barrels of reserve pit fluids used.
- 2c. **Dewatering Method Used.** Enter the dewatering method used at the well during drilling operations.
- 2d. **Location of Fluid Disposal if Hauled Offsite.**
 - 2d(1). **Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
 - 2d(2). **Lease Name.** Enter the name of the lease at which the drilling fluids were disposed.
 - 2d(3). **License Number.** Enter the license number of the operator who disposed of the drilling fluids.
 - 2d(4). **Geographic Location.** Enter the geographic location of the lease on which drilling fluids were disposed by $\frac{1}{4}$, Section, Township, and Range. Mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
 - 2d(5). **County.** Enter the county in which the fluid disposal is located.
 - 2d(6). **Permit Number.** If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

Section 3: Verification.

- 3a. **Signature.** The operator or the operator's agent must sign the Well Completion Form.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form.
- 3c. **Date.** Enter the date on which the form is completed.

Section 4: Operator and Well Information.

- 4a. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 4b. **Lease Name/Well Number.** Enter the lease name and well number for the well.
- 4c. **Geographic Location.** Enter the location of the well by Section, Township, and Range, and mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. **County.** Enter the name of the county in which the well is located.

Section 5: Logs, Samples, and Test Reporting.

- 5a. **Drill Stem Tests.** Mark the box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- 5b. **Samples Sent to Geological Survey.** Mark the box to indicate if geologic samples were sent to KGS.
- 5c. **Cores Taken.** Mark the box to indicate if cores were taken.
- 5d. **Electric Log Run.** Mark the box to indicate if electric log(s) were run on the subject well.
- 5e. **List All Electric Logs Run.** If electric logs were run on the subject well, list all of the electric logs conducted.
- 5f. **Formation (Top), Depth, and Datum.** Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each penetrated producing or storage formation, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

Section 6: Casing Record.

- 6a. **New or Used.** Mark the box to indicate if the well's casing is new or had been previously used.
- 6b. **Casing Strings Used.** For each separate string of casing used, enter the following information:
 - 6b(1). **Purpose of String.** The purpose of the casing string.
 - 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
 - 6b(3). **Size Casing Set.** The outside diameter of the casing.
 - 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
 - 6b(5). **Setting Depth.** The depth to which the casing string is set.
 - 6b(6). **Type of Cement.** The type of cement used to set the casing string.
 - 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
 - 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

Section 7: Additional Cementing/Squeeze Record.

- 7a. **Purpose.** Mark the blank(s) indicating the purpose of the additional cementing/squeeze. Mark all that apply.
- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom.
- 7c. **Type of Cement.** Enter the type of cement used for the additional cementing.
- 7d. **Number of Sacks Used.** Enter the number of sacks used for the additional cementing.
- 7e. **Type and Percent Additives.** Enter the type and percent of additives to the additional cementing.
- 7f. **Three Hydraulic Fracturing Questions.** Mark the appropriate box for each question.

Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record.

For each set of perforations in the well, enter the following information:

- 8a. **Shots per foot.** Enter the number of perforations per foot.
- 8b. **Perforation Record - Bridge Plugs Set/Type & Specific Footage of Each Interval Perforated.** Enter the type of bridge plugs, the depth the bridge plugs are set for each interval perforated, and the depth of each perforated interval.
- 8c. **Acid, Fracture, Shot, Cement Squeeze Record.** Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.

- 8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

Section 9: Miscellaneous.

- 9a. **Tubing Record.**
 - 9a(1). **Size.** Enter the size of tubing set in the subject well.
 - 9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.
 - 9a(3). **Packer at.** Enter the depth at which the tubing packer is set in the subject well.
- 9b. **Liner Run.** Mark the appropriate box to indicate if a liner is in the subject well.
- 9c. **Date of First or Resumed Production, SWD, or ENHR.** For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.
- 9d. **Producing Method.** Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.
- 9e. **Estimated Production Per 24 Hours.** Enter the following information regarding the estimated production from the subject well over a 24-hour period:
 - 9e(1). **Oil Bbls.** Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.
 - 9e(2). **Gas Mcf.** Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.
 - 9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.
 - 9e(4). **Gas-Oil Ratio.** Enter the gas-oil ratio for production from the subject well.
 - 9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.
 - 9e(6). **Disposition of Gas.** Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.
 - 9e(7). **Method of Completion; Production Interval.** Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.
 - 9e(8). **Production Interval.** Enter the footages where the wellbore is perforated.

Section 10: Hydraulic Fracturing Fluid Product Component Information Disclosure

Section 10 must be completed if Question 3 in Section 7(f) was marked "No". In other words, Section 10 must be completed for each hydraulic fracturing treatment using more than 350,000 gallons of base fluid, if the operator has not submitted all of the required information to FracFocus. "Hydraulic fracturing treatment" means all stages in a well completion utilizing hydraulic fracturing fluid.

- 10a. **Last Fracture Date.** Enter the date on which the operator concluded fracturing at the well.
- 10b. **County.** Enter the county where the well is located.
- 10c. **API Number.** Enter the API number of the well.
- 10d. **Operator Name.** Enter the operator's full name as it appears on the operator's license.
- 10e. **Well Name and Number.** Enter the well name and well number.
- 10f. **Latitude.** Enter the GPS latitude for the well.
- 10g. **Longitude.** Enter the GPS longitude for the well.
- 10h. **Datum.** Provide the horizontal reference datum used with the GPS reading (NAD 27, NAD 83, WGS 84).
- 10i. **Production Type.** Describe the type of completion, as listed in section 1k on the first page of the ACO-1.
- 10j. **True Vertical Depth (TVD).** Enter the true vertical depth of the well.

- 10k. **Total Base Fluid Volume (gal).** Enter the volume in gallons the total base fluid used.
- 10l. **Hydraulic Fracturing Fluid Composition.**
 10l(1) through 10l(8) must be provided for each base fluid, proppant, and chemical constituent used in each hydraulic fracturing treatment, unless it is the incidental result of a chemical process or a naturally occurring material that becomes part of the fluid during the hydraulic fracturing treatment. Fluids/proppants/chemical constituents subject to 29 CRF 1910.1200(i) appear on material safety data sheets (MSDS), and must be listed at the top of the page. All other fluids/proppants/chemical constituents must be listed at the bottom.
- 10l(1). **Trade Name.** Enter the trade name for each fluid/proppant/chemical constituent.
- 10l(2). **Supplier.** Enter the supplier name for each fluid/proppant/chemical constituent.
- 10l(3). **Purpose.** Enter the purpose of each fluid/proppant/chemical constituent.
- 10l(4). **Ingredients.** Enter the ingredients of each fluid/proppant/chemical constituent. If the ingredients are a trade secret, enter "Trade Secret" in this section.
- 10l(5). **Chemical Abstract Service Number (CAS #).** Enter the CAS # for the fluid/proppant/chemical constituent.
- 10l(6). **Maximum Ingredient Concentration in Additive (% by mass).** Enter the maximum concentration, as part of the additive, by percent mass, of each proppant/chemical constituent. That is, exclude the base fluid from the percent mass calculation. Enter "N/A" for the base fluid. Enter a percentage in this column for each other proppant/constituent.
- 10l(7). **Maximum Ingredient Concentration in HF Fluid (% by mass).** Enter the maximum concentration, as part of the hydraulic fracturing fluid, of each fluid/proppant/chemical constituent. In other words, include the base fluid in the percent mass calculation. Enter a percentage for the base fluid, and also for each proppant and other constituent.
- 10l(8). **Authorized Representative's Name, Address, and Phone Number.** For any fluid/proppant/chemical constituent labeled a "Trade Secret" in 10l(4), list the name, authorized representative, mailing address, and phone number of the party claiming the trade secret. If the fluid/proppant/chemical constituent is not a trade secret, this section may be left blank.
- 10m. **Non-MSDS Data.** For non-MSDS fluids/proppants/constituents, enter the data for 10l(1) through 10l(8) here.
3. All operators must certify that the information contained on the plat depicting the well as drilled is accurate. Also, all operators must retain the well's completion information depicting how the wellbore was perforated for the life of the well and make it available upon Commission request.

Section 11: Information to attach to the ACO-1 for Mississippi horizontal wellbores

1. Attach a directional survey indicating the final path of the horizontal wellbore.
2. Attach a plat map depicting the well as it is drilled.
 - a. For horizontal wellbores completed open hole, the plat must depict the surface location, the point at which the wellbore encounters the producing formation (depth and distance from the nearest lease or unit boundary line), any isolation packers and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
 - b. For cased horizontal wellbores, upload a plat that shows the well as it is drilled, including the surface location, the point the wellbore enters the producing formation (depth and distance from the nearest lease or unit boundary line), the location of the first perforation (depth and distance from the nearest lease or unit boundary line), the location of the last perforation (depth and distance from the nearest lease or unit boundary line), and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and

Confidentiality Requested: 0a

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
July 2014

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____ 1a

Name: _____ 1b

Address 1: _____ 1c

Address 2: _____ 1c

City: _____ 1d State: _____ 1d Zip: _____ 1d + _____ 1d

Contact Person: _____ 1e

Phone: (_____ 1f) _____ 1f

CONTRACTOR: License # _____ 1g

Name: _____ 1h

Wellsite Geologist: _____ 1i

Purchaser: _____ 1j

Designate Type of Completion: _____ 1k

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____ 1l (1)

Well Name: _____ 1l (2)

Original Comp. Date: _____ 1l (3) Original Total Depth: _____ 1l (4)

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer

1l (5)

- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

_____ 1m _____ 1n _____ 1o

Spud Date or Date Reached TD Completion Date or

Recompletion Date Recompletion Date

API No. 15 - _____ 1p

Spot Description: _____ 1q

_____ 1q - - - - - Sec. _____ 1q Twp. _____ 1q S. R. _____ 1q East West

_____ 1r (1) Feet from North / South Line of Section

_____ 1r (2) Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

_____ 1s NE NW SE SW

GPS Location: Lat: _____ 1s (1) , Long: _____ 1s (2)
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84 _____ 1s (3)

County: _____ 1t

Lease Name: _____ 1u Well #: _____ 1u

Field Name: _____ 1v

Producing Formation: _____ 1w

Elevation: Ground: _____ 1x (1) Kelly Bushing: _____ 1x (2)

Total Vertical Depth: _____ 1y Plug Back Total Depth: _____ 1z

Amount of Surface Pipe Set and Cemented at: _____ 1aa Feet

Multiple Stage Cementing Collar Used? Yes No _____ 1bb (1)

If yes, show depth set: _____ 1bb (2) Feet

If Alternate II completion, cement circulated from: _____ 1cc

feet depth to: _____ 1cc w/ _____ 1cc _____ 1cc sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ 2a ppm Fluid volume: _____ 2b bbls

Dewatering method used: _____ 2c

Location of fluid disposal if hauled offsite:

Operator Name: _____ 2d (1)

Lease Name: _____ 2d (2) License #: _____ 2d (3)

Quarter _____ 2d (4) Sec. _____ 2d (4) Twp. _____ 2d (4) S. R. _____ 2d (4) East West

County: _____ 2d (5) Permit #: _____ 2d (6)

INSTRUCTIONS: The original form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. If confidentiality is requested and approved, side two of this form will be held confidential for a period of 2 years. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Drill Stem Test, Cement Tickets and Geological Well Report must be attached.

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.

Signature: _____ 3a

Title: _____ 3b Date: _____ 3c

KCC Office Use ONLY

- Confidentiality Requested
- Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: 4a Lease Name: 4b Well #: _____

Sec. 4c Twp. 4c S. R. 4c East West County: 4d

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 5a <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 5b Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No 5c Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No 5d List All E. Logs Run: <div style="text-align: center;">5e</div>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: center;">5f</div>
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used 6a							
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
6b (1)	6b (2)	6b (3)	6b (4)	6b (5)	6b (6)	6b (7)	6b (8)

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose: 7a	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	7b	7c	7d	7e

- 7f** 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
8a	8b	8c	8d

TUBING RECORD:	Size: 9a (1)	Set At: 9a (2)	Packer At: 9a (3)	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No 9b
Date of First, Resumed Production, SWD or ENHR. 9c		Producing Method: 9d <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. 9e (1)	Gas Mcf 9e (2)	Water Bbls. 9e (3)	Gas-Oil Ratio 9e (4)
				Gravity 9e (5)

DISPOSITION OF GAS: 9e (6) <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: 9e (7) <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: 9e (8) _____ _____
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HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: _____	10a	County: _____	10b	API Number: _____	10c
Operator Name: _____	10d	Well Name and Number: _____	10e		
Latitude: _____	10f	Longitude: _____	10g	Datum: _____	10h
Production Type: _____	10i	True Vertical Depth (TVD): _____	10j	Total Base Fluid Volume (gal)*: _____	10k

Hydraulic Fracturing Fluid Composition:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Number
10l (1)	10l (2)	10l (3)	10l (4)	10l (5)	10l (6)	10l (7)	10l (8)

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS. **10m**

* Total Water Volume sources may include fresh water, produced water, and/or recycled water. ** Information is based on the maximum potential for concentration and thus the total may be over 100%. Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers Material Safety Data Sheets (MSDS).