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 #		API No.:				
Name:		Spot Description:				
Address 1:			est			
Address 2:		Feet from North / South Line of Secti	ion			
City: State	:++	Feet from _ East / _ West Line of Secti	ion			
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()		□NE □NW □SE □SW				
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:	—			
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-En	trv Workover	Field Name:	—			
		Producing Formation:				
☐ Oil ☐ WSW ☐ DH ☐	_  SWD □ EOR	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:				
	GSW					
CM (Coal Bed Methane)	_ 46W	Amount of Surface Pipe Set and Cemented at: Fe	eet			
	xpl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info a		If yes, show depth set: Fe	eet			
Operator:		If Alternate II completion, cement circulated from:				
Well Name:		feet depth to:w/sx ci	mt.			
Original Comp. Date:						
Deepening Re-perf.	Conv. to EOR Conv. to SWD Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
□ Oinded		Chloride content:ppm Fluid volume:bl	bls			
_ •	ermit #:	Dewatering method used:				
	ermit #: ermit #:	Location of fluid disposal if hauled offsite:				
	ermit #:	Location of huld disposal if hadied offsite.				
	ermit #:	Operator Name:				
		Lease Name: License #:				
Spud Date or Date Reache	ed TD Completion Date or	Quarter Sec TwpS. R	est			
Recompletion Date	Recompletion Date	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:						

KOLAR Document ID: 1406114

#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests Taken Yes  (Attach Additional Sheets)			es No	Log Formation (Top), Dept			h and Datum Sample			
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No	Name				Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		Size Hole S		e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Casing Plug Back TD		Type of Cement		# Sacks Oseu		Type and Percent Additives				
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Production Oil Bbls.			le.	Flowing Pumping  Gas Mcf		Gas Lift Other (Explain)  Water Bbls.			Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	Mcf	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS:				N	METHOD OF CO	MPLE.	TION:	ON: PRODUCTION INTERVAL:		
☐ Vented ☐ Sold ☐ Used on Lease					Dually Comp. Commingled Submit ACO-5) (Submit ACO-4)		-	Тор	Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At				ot, Cementing Squeeze Record nd Kind of Material Used)	
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion					
Operator	MSG Resources Inc.					
Well Name	MEYER MSG 1					
Doc ID	1406114					

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	10	24	Portland	5	50/50 POZ
Production	5.625	2.875	8	775	Portand	115	50/50 POZ