

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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Lone Jack Oil Company  
Blue Mound, KS  
1-913-756-2307 1-620-363-0492

Lease: Blakley Operator: Kansas City Oil LLC API # 15-121-31444-00-00  
 Contractor: Lone Jack Oil Company Date Started: 3/13/18 Date Completed: 3/15/18  
 Total Depth: 690 feet Well # EOR 1 Hole Size: 5 5/8  
 Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5  
 Depth of Seat Nipple: \_\_\_\_\_ Rag Packer At: \_\_\_\_\_  
 Length and Size of Casing: 685' 2 7/8 Sacks of Cement: 75  
 Legal Description: SE SW NW NW Sec: 5 Twp: 17S Range: 22E County: Miami

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
4	4	Top Soil & Clay	13	629	Shale w/ Streaks
7	11	Lime	5	634	Lime
4	15	Clay	15	649	Shale
2	17	Shale	4	653	Oil Sand (Slight Bleed)
12	29	Lime	3	656	Sandy Shale
13	42	Shale	1	657	Oil Sand (Fair Bleed)
19	61	Lime	4	661	Oil Sand (Good Bleed)
1	62	Shale	3	664	Oil Sand (Shaley)
5	67	Lime	26	690	Shale
1	68	Shale		690	TD
20	88	Lime			
91	179	Shale			
18	197	Lime			
30	227	Shale			
5	232	Lime			
35	267	Shale			
15	282	Lime			
14	296	Shale			
26	322	Lime			
11	333	Shale			
19	352	Lime			
5	357	Shale			
13	370	Lime			
106	476	Shale			
3	479	Oil Sand (Shaley)			
2	481	Oil Sand (Slight Bleed)			
27	508	Shale			
1	509	Lime			
26	535	Shale			
8	543	Lime			
6	549	Shale			
2	551	Lime			
23	574	Shale			
7	581	Lime			
15	596	Shale			
3	599	Lime			
15	614	Shale			
2	616	Lime			



83280

P.O. Box 106 • 745 North Locust  
Ottawa, KS 66067 • (785) 242-1045

PLANT	MIX NO.	YARDS	TRUCK		TIME	DATE	TICKET NO.
504	2901007	9.25	0092	B. SAGE	15:33	3/15/18	5047767

CUSTOMER NAME CASH SALES-Andy Peop		DELIVERY ADDRESS 287th & Indianapolis 68 Hwy-E-Indianapolis-S-287th			CUST. PO. NO.	NOTES
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YARDS	DESCRIPTION	YARDS ORDERED	YARDS DELIVERED	DELIVERED TODAY
9.25	7 SK SLURRY MIX	9.25	9.25	

9.25	CYDS	2901007	7 SK SLURRY MIX	\$126.00	\$1,165.50
9.25	/y	9000	Winter Charge	\$4.50	\$41.63

Arrive on Job	Start Pouring	Finish Pouring

DRAYAGE \$1,207.13  
 TOTAL MATL TAX \$115.88  
 SALES TAX \$1,323.01  
 TOTAL AMT. DUE \$1,323.01

MSDS available upon request.

Not responsible for quality of concrete if water is added on job. Note here if water is added \_\_\_\_\_ GAL. RECEIVED BY \_\_\_\_\_

Not responsible for damage beyond curb line  
Special Instructions

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into eye, rinse immediately and repeatedly with water and get prompt medical attention.  
 KEEP OUT OF REACH OF CHILDREN

SLUMP 6.00 in

Truck	Driver	User	Disp	Ticket Num	Ticket ID	Time	Date
0092	7090	user	5047767	5447		15:33	3/15/18
Load Size	Mix Code	Returned	Qty	Mix Age	Seq	Load ID	
9.25	CYDS 2901007				D	6134	

Description	Design Qty	Required	Batched	% Var	% Moisture	Actual Wat
CEMENT	263 lb	2433 lb	2445 lb	0.50%		
FLYASH	395 lb	3654 lb	3665 lb	* 0.31%		
COLD WATER	46.0 gl	226.6 gl	226.4 gl	-0.11%		226.4 gl
HOT WATER	50.0 %	226.6 gl	225.4 gl	-0.54%		225.4 gl
Actual	Num Batches: 2					
Load Total:	9880 lb	Design 1.460	Water/Cement 1.542	A	Design 425.5 gl	Actual 451.8 gl To Add: 0.0 gl
Slump:	6.00 in	# Water in Truck: 0.0 gl	Adjust Water: 0.0 gl	/ Load	Trim Water: 0.0 gl/ CYD	Note: Manual feed oc
Actual W/C Ratio:	1.542	Actual Water: 452 gl	Batched Cement: 2445 lb	Allowable Water: 0 gl		

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5831208  
6



# BUILDERS CONCRETE COMPANY CHOICE

83280

P.O. Box 106 • 745 North Locust  
Ottawa, KS 66067 • (785) 242-1045

PLANT	MIX NO.	YARDS	TRUCK		TIME	DATE	TICKET NO.
504	2901007	9.25	0092	B. SAGE	15:33	3/15/18	5047767
CUSTOMER NAME			DELIVERY ADDRESS		CUST. P.O. NO.		
CASH SALES-Andy Peop			287th & Indianapolis 68		NOTES		
			Hwy-E-Indianapolis-S-287th				
YARDS	DESCRIPTION	YARDS ORDERED	YARDS DELIVERED	DELIVERED TODAY			
9.25	7 SK SLURRY MIX	9.25	9.25				

9.25	CYDS	2901007	7 SK SLURRY MIX	\$126.00	\$1,165.50
9.25	/y	9000	Winter Charge	\$4.50	\$41.63

Arrive on Job	Start Pouring	Finish Pouring

DRAYAGE \$1,207.13  
TOTAL MATL TAX \$115.88  
SALES TAX \$1,323.01  
TOTAL AMT. DUE \$1,323.01

**MSDS available upon request.**

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if water is added on job. Note here if water is added \_\_\_\_\_ GAL. RECEIVED BY \_\_\_\_\_

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KEEP OUT OF REACH OF CHILDREN

Not responsible for damage beyond curb line  
Special Instructions

SLUMP 6.00 in

Truck	Driver	User	Disp Ticket	Num	Ticket ID	Time	Date
0092	7090	user	5047767		5447	15:33	3/15/18
Load Size	Mix Code	Returned	Qty	Mix Age	Seq	Load ID	
9.25	CYDS 2901007				D	6134	

Description	Design Qty	Required	Batched	% Var	% Moisture	Actual Wat
CEMENT	263 lb	2433 lb	2445 lb	0.50%		
FLYASH	395 lb	3654 lb	3665 lb	0.31%		
COLD WATER	46.0 gl	226.6 gl	226.4 gl	-0.11%		226.4 gl
HOT WATER	50.0 %	226.6 gl	225.4 gl	-0.54%		225.4 gl
Actual	Num Batches: 2					
Load Total:	9880 lb	Design 1.460	Water/Cement 1.542	A	Design 425.5 gl	Actual 451.8 gl To Add: 0.0 gl
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Actual W/C Ratio:	1.542	Actual Water: 452 gl	Batched Cement: 2445 lb	Allowable Water: 0 gl		

FILE COPY