KOLAR Document ID: 1412857

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:	
Address 2:	Feet from \( \sum \) North / \( \sum \) South Line of Section
City: State: Zip:+	Feet from
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)  Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Caud Date or Date Decembed TD Control of the Date	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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 Approved by: Date:							

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#### Page Two

Operator Name:	erator Name:				Lease Name:				Well #:		
SecTwp	oS.	R	East	West	County: _						
open and closed, and flow rates if g	flowing and s gas to surface y Log, Final L	hut-in pressu test, along wi ogs run to ob	res, whe ith final c tain Geo	ther shut-in prechart(s). Attach	essure reache extra sheet i and Final Elec	ed stati if more ctric Lo	c level, hydrosta space is neede	tic pressures, d.		val tested, time tool rature, fluid recovery,  Digital electronic log	
Drill Stem Tests Taken Yes (Attach Additional Sheets)				es No	Log Formation (Top), Dep			on (Top), Dept	oth and Datum		
Samples Sent to Geological Survey				es No	Name				Тор	Datum	
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Y	es No es No es No							
			David		RECORD	☐ Ne					
	9	ize Hole	-	ze Casing			ermediate, production, etc.  Setting Type of		# Sacks	Type and Percent	
Purpose of Str		Size Hole Drilled		t (In O.D.)	Weight Lbs. / F		Depth	Cement	Used	Additives	
	'			ADDITIONAL	. CEMENTING	3 / SQL	JEEZE RECORD	'	'		
Purpose:	To	Depth p. Bottom	Туре	of Cement	# Sacks U	sed		Туре а	and Percent Additives		
Perforate Top Bottom Protect Casing Plug Back TD											
	Plug Off Zone										
Did you perform     Does the volume     Was the hydraulic	of the total bas	e fluid of the hy	draulic fra	acturing treatmen		•		No (If No	o, skip questions 2 and o, skip question 3) o, fill out Page Three o		
Date of first Produc	ction/Injection or	Resumed Prod	duction/	Producing Meth			0.1%	NI (5 ( ) )			
				Flowing Pumping Gas Lift			Other (Explain)				
Estimated Product Per 24 Hours	tion	Oil Bl	bls.	Gas	Mcf	Wate	er B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				N	METHOD OF COMPLETION:			PRODUCTION INTERVAL:			
☐ Vented ☐ Sold ☐ Used on Lease				Open Hole	Perf. Dually Comp. (Submit ACO-5)			nmingled	Тор	Bottom	
(If vented	d, Submit ACO-1	8.)				(Submit	ACO-5) (SUD	mit ACO-4)			
Shots Per Foot	Perforation Top	Perforati Botton		Bridge Plug Type	g Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			Record	
TUBING RECORD	): Size.	:	Set At:		Packer At:						

Form	ACO1 - Well Completion					
Operator	Marlin Oil Corporation					
Well Name	GLECKER 1-A					
Doc ID	1412857					

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	666	Common	475	3%CC, 2% gel
Production	7.875	4.5	10.5	5416	50/50 Pozmix		.075% CFR2, 12.5# Gilsonite