KOLAR Document ID: 1414955

Confident	tiality Re	equested:
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 	VOF WELL	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ 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 #: SWD Permit #:	
SWD Permit #: EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date 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:					

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Operator Nan	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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).

			Yes 🗌 No			Log	Formatio	n (Top), Dept	th and Datum	Sample	
(Attach Additional Sheets) Samples Sent to Geological Survey				Nar	me			Тор	Datum		
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs	-		Yes No Yes No Yes No Yes No							
			Re	CASING port all strings set-	RECORD		lew	Used ate, producti	on, etc.		
Purpose of St	tring	Size Hole Drilled		Size Casing Set (In O.D.)	Wei Lbs.			Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL		NG / SC	UEEZE	ERECORD			
Purpose: Perforate		Depth Top Bottom	Ту	pe of Cement	# Sacks Used			Type and Percent Additives			
Protect Ca Plug Back	TD										
 Did you perform Does the volum Was the hydrau 	e of the total l	base fluid of t	he hydraulic	fracturing treatmer		-		Yes Yes Yes	No (If No	o, skip questions 2 ar o, skip question 3) o, fill out Page Three	
Date of first Produ Injection:	iction/Injectior	n or Resumed	Production/	Producing Met	hod:	ng	Gas L	.ift 🗌 O	ther <i>(Explain)</i> _		
Estimated Produce Per 24 Hours		Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio			Gravity		
DISPOSITION OF GAS:		METHOD OF C		Dual	COMPLETION: Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		0	PRODUCTION INTERVAL: Top Bottom			
Shots Per Foot	Perforatio Top		foration ottom				g Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion		
Operator	Scout Energy Management LLC		
Well Name	HARRISON 4 INF		
Doc ID	1414955		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement	Type and Percent Additives
Surface	12.250	8.625	24	669	Class C	50:50 C/poz
Production	7.875	5.5	14	3008	Class C	3% D79:2% B28