KOLAR Document ID: 1416251

Confider	ntiality Re	quested:
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 -	DESCRIPTI	I & I FASE
VVELL		DESCRIPTIN	L Q 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.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	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)
Description	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of huid disposal in hadred 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	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 Name:	Lease Name:	Well #:
Sec TwpS. 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).

	lien		,				og Formatia	n (Tan) Danth a	nd Datum	
Drill Stem Tests Taken (Attach Additional Sheets)			Yes No			-	n (Top), Depth a		Sample	
Samples Sent to C	Geological S	Survey		Yes 🗌 No		Nam	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	-			Yes No Yes No Yes No						
			Rep	CASING port all strings set-c		Ne e, inte		on, etc.		
Purpose of Strir	ng	Size Hole Drilled		ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING	SQL	JEEZE RECORD			
Purpose: Perforate		Depth Top Bottom	Тур	e of Cement	# Sacks Use	Used Typ		Type and	pe and Percent Additives	
Protect Casi	D									
Plug Off Zor	ne									
 Did you perform a Does the volume Was the hydraulic 	of the total b	ase fluid of the h	ydraulic f	racturing treatment		-		No (If No, s	kip questions 2 ar kip question 3) I out Page Three	
Date of first Product Injection:	ion/Injection	or Resumed Pro	oduction/	Producing Meth	od:		Gas Lift 🗌 O	ther (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		Gas	Mcf	Wate	er Bb	bls.	Gas-Oil Ratio	Gravity		
DISPOS	SITION OF G	AS:		N	IETHOD OF CO	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole Perf.		Dually Comp Commingled (Submit ACO-5) (Submit ACO-4)					
Shots Per	Perforatio	n Perfora	tion	Bridge Plug	Bridge Plug		Acid	Fracture, Shot, Ce	menting Squeeze	Becord
Foot	Тор	Botto		Туре	Set At				d of Material Used)	
TUBING RECORD:	: Siz	20:	Set At		Packer At:					

Form	ACO1 - Well Completion		
Operator	See, Charles E. dba See Oil		
Well Name	BURGE 30		
Doc ID	1416251		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8	6	10	20	Portland	5	50/50 POZ
Production	5.625	2.5	8	200	Portland	32	50/50 POZ