KOLAR Document ID: 1418842

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:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil ☐ WSW ☐ SWD	Producing Formation:
☐ Gas ☐ DH ☐ EOR	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	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? Yes No
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)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Recompletion Date	Countv: 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:					Lease Na	ame: _			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), De			on (Top), Dept	pth and Datum Sample		
Samples Sent to	,	ırvey	Y	es 🗌 No	Name			Тор	Datum		
Cores Taken Electric Log Run Geologist Report List All E. Logs Ri	_		Y	es No es No es No							
			David		RECORD	☐ Ne					
	Qi	ize Hole	-	ze Casing			termediate, production, etc.  Setting Type of		# Sacks	Type and Percent	
Purpose of Str		Size Hole Drilled		t (In O.D.)	Weight Lbs. / F		Depth	Type of Cement	Used	Additives	
	'			ADDITIONAL	. CEMENTING	3 / SQL	JEEZE RECORD	'	'		
Purpose:		Depth p. Rottom	Туре	of Cement	# Sacks U	sed		Туре а	and Percent Additives		
Perforate Top Bottom Protect Casing Plug Back TD											
Plug Off Zo											
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			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 C		y Comp. Commingled it ACO-5) (Submit ACO-4)		Тор	Bottom		
(If vented	d, Submit ACO-1	8.)				(Submit	ACO-5) (SUD	mii ACO-4)			
Shots Per Foot				Bridge Plug Set At		Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)					
TUBING RECORD	): Size:	:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	McCoy Petroleum Corporation
Well Name	GALE A 2-24
Doc ID	1418842

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	1754	Prem +	675	Flocele
Production	7.875	5.5	15.5	5800	Thix-Set		3%KCL, Gils