

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. 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) (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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HUGHES DRILLING REPORT

Jo. Co., Kansas
 2475 FSL 3280 FEL
 API# 15-091-24498

Well No. 9
 Farm McKay
 SURFACE CASING Size 7"
 Feet 36.70
 Circulated 12 sx cement

PERMANENT CSG.
 Size _____
 Feet _____
 T. D. at Completion 915
 Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

DATE	DRILLED		REMARKS -- TYPE WORK -- BILLING REF.	PIPE TALLY
	FROM	TO		
6-14-18	0	2	soil	(1) 21.5 - 21.5
36'	2	36	clay	(2) 22.5 - 44.0
6-18-18	36	75	shale	(3) 22.5 - 66.5
5 5/8" (5" pipe) (H.B.)	75	102	lime (Gray sand 83-86)	(4) 22.5 - 89.0
	102	109	shale (slate 102-103)	(5) 22.5 - 111.5
	109	119	lime	(6) 22.5 - 134.0
	119	123	shale	(7) 22.5 - 156.5
	123	142	lime	(8) 22.5 - 179.0
	142	167	shale (Red Bed 145-146)	(9) 22.5 - 201.5
	167	191	lime	(10) 22.5 - 224.0
	191	200	shale	(11) 22.5 - 246.5
	200	201	lime	(12) 22.5 - 269.0
	201	218	shale	(13) 22.5 - 291.5
	218	231	lime	(14) 22.5 - 314.0
	231	260	shale	(15) 22.5 - 336.5
	260	267	lime	(16) 22.5 - 359.0
	267	273	shale	(17) 22.5 - 381.5
	273	285	lime	(18) 22.5 - 404.0
	285	302	shale	(19) 22.5 - 426.5
	302	311	lime	(20) 22.5 - 449.0
	311	318	shale	(21) 22.5 - 471.2
	318	324	lime	(22) 22.5 - 494.0
	324	366	shale (BKA 354-356)	(23) 22.5 - 516.5
30'	366	390	lime	(24) 22.5 - 539.0
	390	397	shale (slate 391-392)	(25) 22.5 - 561.5
20'	397	420	lime	(26) 22.5 - 584.0
	420	424	shale (slate 421-422)	(27) 22.5 - 606.5

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	soil	2
34	clay	36
37	shale	75
27	lime	102
7	shale	109
10	lime	119
4	shale	123
19	lime	142
23	shale	167
24	lime	191
9	shale	200
1	lime	201
17	shale	218
13	lime	231
29	shale	260
7	lime	267
6	shale	273
12	lime	285
17	shale	302
9	lime	311
7	shale	318
6	lime	324
42	shale	366
30'	24	lime 390
	7	shale 397
20'	23	lime 420
	4	shale 421
	3	lime 427
	5	shale 432
"Heather"	6	lime 438
	17	shale 609
	8	lime 617
	3	shale 620
	4	lime 624
	7	shale 631
	8	lime 639
	13	shale 652
	3	lime 655
	8	shale 663
	11	lime 674
	20	shale 694

HUGHES DRILLING REPORT

Co., Kansas

LPJ

FSL

FEL

SURFACE CASING

PERMANENT CSG.

Well No. 9

Size

Size

Farm McKaughan

Feet

Feet

Circulated _____ sx cement

T. D. at Completion 915

OPERATOR Hughes Drilling

Contractor HUGHES DRILLING CO.

API # _____

STRATA THICKNESS	FORMATION DRILLED	T.D.
5	lime	677
50	shale	749
1	lime	758
9	shale	759
1	lime	760
37	shale	797
3	lime	800
6	shale	806
3	lime	809
23	shale	832
1	lime	833
35	shale	868
1	lime	869
8	shale	877
1	lime	878
16	shale	894
1	lime	895
4	shale	899
1	lime	900
3	sand	903
17	shale	915
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
	424	427	lime	(28) 22.5 - 628.0
	427	432	shale	(29) 22.5 - 651.5
"Hestha"	432	438	lime	(30) 22.5 - 674.0
	438	609	shale (BRK. N 445-446) (BRK. N 554-556)	
605'	609	611	lime (Broken)	(31) 22.5 - 696.5
62012	617	620	shale	(32) 22.5 - 719.0
	620	624	lime	(33) 22.5 - 741.5
	624	631	shale	(34) 22.5 - 764.0
	631	638	lime	(35) 22.5 - 786.5
	638	652	shale	(36) 22.5 - 809.0
	652	655	lime (Brown)	(37) 22.5 - 831.5
	655	663	shale (slate 655-656)	(38) 22.5 - 854.0
	663	674	lime	(39) 22.5 - 876.5
	674	694	shale (Red Bed 685-688)	(40) 22.5 - 899.0
	694	699	lime	
	699	749	shale	
	749	750	lime	
	750	759	shale	
	759	760	lime	
	760	797	shale	
	797	800	lime	
	800	806	shale	
	806	809	lime	
	809	832	shale	
	832	833	lime	
	833	868	shale	
	868	869	lime	

