

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)</i> <i>(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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THE NEW KLEIN LUMBER COMPANY
 201 W. MADISON
 P.O. BOX 805
 IOLA, KS 66749
 PHONE: (620) 365-2201

OSAGE ENERGY
 2100 WEST VIRGINIA RD
 COLONY KS 66015

CUST # 2100
 TERMS: NET 10TH OF MONTH

REF. # SURFACE CAMP LEASE

INV # 214588
 DATE : 8/30/18
 CLERK: SE
 TERM # 553

TIME : 10:35

 * INVOICE *

QUANTITY	UM	ITEM	DESCRIPTION	SUG. PRICE	PRICE/PER	EXTENSION
15	EA	PC	PORTLAND CEMENT <i>will Pick up</i>		12.99 /EA	194.85
				211.90	TAXABLE	194.85
					NON-TAXABLE	0.00
					SUB-TOTAL	194.85
					TAX AMOUNT	17.05
					TOTAL INVOICE	211.90

** AMOUNT CHARGED TO ACCOUNT **

X No Signature Required

Received By



Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

PLANT	TIME	DATE	ACCOUNT	TRUCK	DRIVER	TICKET
01	15:55	09/16/18	OSAGE	104	DARREN	146

CUSTOMER NAME	DELIVERY ADDRESS
OSAGE ENERGY 2100 WEST VIRGINA RD COLONY, KS 66015	WELL- CAMP 30-0E

PURCHASE ORDER	SALES ORDER	TAX	CREDIT	SLUMP
	3	ANDERSON C		8.00 in

LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
5.50 yd	WELL MUD	WELL (10 SACKS PER YARD)	11.00	5.50		
5.50 ea	HAUL & MI	HAUL & MIX	11.00	5.50		

LOADED	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
9:13	4:45	4:47	5:20	

SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

30-0E
9-16-18

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.	ADDITIONAL WATER ADDED ON JOB	Gallons	By
	→		

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP
EXTRA CHARGE FOR OVER 30 MINUTES →

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

RECEIVED IN GOOD CONDITION
BY *X*

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

Truck	Driver	User	Disp	Ticket Num	Ticket ID	Time	Date
104	DARREN	user			146	15:56	9/16/18
Load Size	Mix Code	Returned	Qty	Mix Age	Seq	Load ID	
5.50 yd	WELL MUD				D	190	
Material	Design Qty	Required	Batched	% Var	% Moisture	Actual Wat	
TYPE I/II	470 lb	2585 lb	2845 lb	10.06%			
FLYASH	400 lb	5045 lb	5615 lb	11.30%			
WATER	70.0 gl	385.0 gl	385.0 gl	0.00%		385.0 gl	
Actual	Num Batches: 1						
Load Total: 8828 lb	Design 0.671	Water/Cement 0.572	A	Design 385.0 gl	Actual 385.0 gl	To Add: 0.0 gl	
Slump: 8.00 in	# Water in Truck: 0.0 gl	Adjust Water: 0.0 gl	/ Load	Trim Water: 0.0 gl/ yd			