KOLAR Document ID: 1424831

Confident	tiality 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	- DESCRIP	WEII &	IFASE
	INSIONI		$\mathbf{W} \mathbf{L} \mathbf{L} \mathbf{L} \boldsymbol{\alpha}$	LLASL

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.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:
☐ 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? 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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	License #:
	Quarter Sec Twp S. R East West
Spud Date or Date Reached TD Completion Date or 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:		

KOLAR Document ID: 1424831

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).

Drill Stem Tests Taken (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD 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, skip question 3)									
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls. Gas Mcf		Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD O		IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom		
Vented Sold (If vented, Subn	Used on Lease		Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)				
		oration Bridge Plug Bridge Plug bitom Type Set At		Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

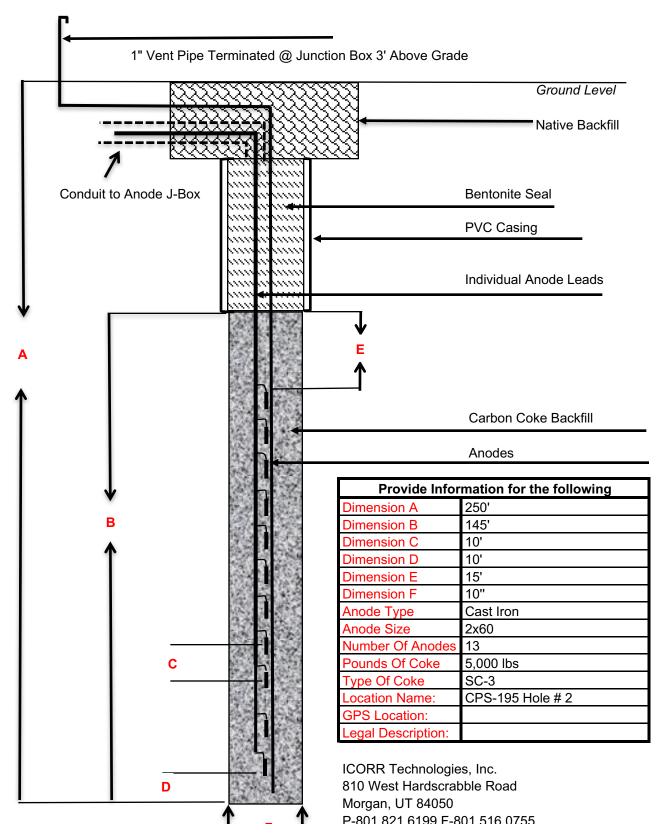
Form	ACO1 - Well Completion	
Operator	Colorado Interstate Gas Co., LLC	
Well Name	NGPL STATION 195 2	
Doc ID	1424831	

Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16	10	8.782	20	Bentonite	36	none

ICORR Technologies Inc. As-Built Deep Anode Bed for Cathodic Protection





ICORR Technologies, Inc. 810 West Hardscrabble Road Morgan, UT 84050 p.801.821.6199 f.801.516.0755 YOUR ASSET INTEGRITY PARTNERS

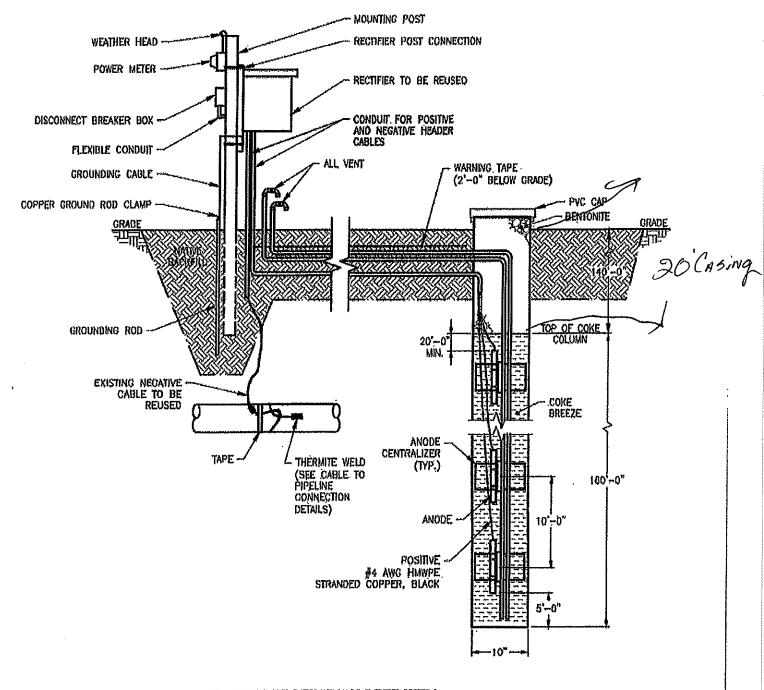
CORROSION SPECIALISTS



Driller's Well Log

Customer:	mer: Kinder Morgan	
Site:	CPS-195 Hole #2	
Town/State:	Haddem, KS	
Date: 9/13/18		
Total Depth:	250'	
Bit Used:	PDC RED DEVIL	

Depth	Material	Comments
0-20'	Brown Clay	set 20' of casing.
20-30'	Shale (Hard)	
30-160'	Shale and Clay	
160-165'	Hard Sandstone	
165-250'	Shale and Grey Clay	



CATHODIC PROTECTION DEEP WELL

NO SCALE