KOLAR Document ID: 1425323

Сс	onfiden	tiality R	equested:
	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		
VVELL	NISIONI	- DESCRIPTION	UF WELL &	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:
Gas DH EOR	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)
_	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 TwpS. R East West
Spud Date orDate Reached TDCompletion Date orRecompletion DateRecompletion 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 Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. 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			Yes] No			Log Form		Formation (Top), Depth and Datum		Sample	
(Attach Additional Sheets)			<i>(</i>	1		Nan	ne			Тор	Datum	
Samples Sent to Geological Survey Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			Yes Yes Yes] No] No] No] No								
CASING RECORD IN New Used Report all strings set-conductor, surface, intermediate, production, etc.												
Purpose of String		ze Hole Drilled	S	Size Casing Set (In O.D.)		Weight Lbs. / Ft.		5	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Purpose:		Depth	Tur			CEMENTING / S						
Perforate	Тор	Bottom	Typ	Type of Cement		# Sacks Used		Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone												
 Did you perform a h Does the volume of Was the hydraulic fr Date of first Production Injection: 	the total base	e fluid of the h	ydraulic f ion subm	racturing t itted to the Produce		cal disclosure	e registry		☐ Yes ☐ Yes ☐ Yes ft ☐ O	No (If No	, skip questions 2 ar , skip question 3) , fill out Page Three	
Estimated Production Per 24 Hours	I	Oil B	Bbls.	Gas Mcf Water Bbls. Gas-Oil Ratio				Gravity				
DISPOSIT	TION OF GAS	5:			METHOD OF C			COMPLETION:			PRODUCTION INTERVAL: Top Bottom	
Vented Sold Used on Lease (If vented, Submit ACO-18.)			Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	100				
		Perforat Bottor		Bridge Plug Br Type		Bridge Plug Set At			Acid,		Cementing Squeeze Kind of Material Used)	
TUBING RECORD:	Size:		Set At	:		Packer At:						

Form	orm ACO1 - Well Completion		
Operator Running Foxes Petroleum Inc.			
Well Name	PARKER 17		
Doc ID	1425323		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	6	14	20	1/11	70	NA
Production	6.25	2.875	6.5	650	1/11	6	NA