

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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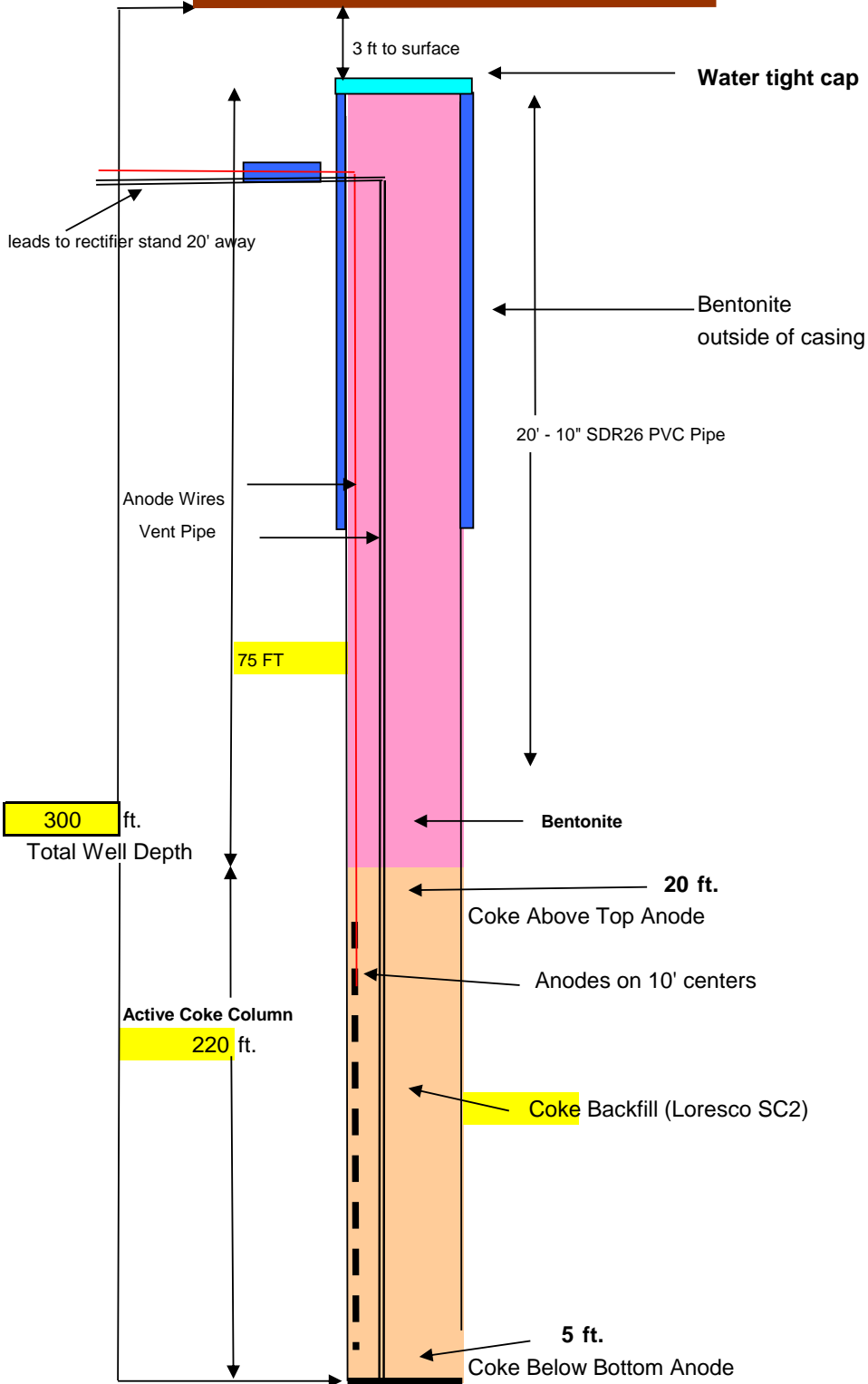
WELL #: C60713

SHERIDAN COUNTY

16.5 in.

10.500 in.

Surface





4520 State Hwy 136, Amarillo, TX 79108-7617 • tel. 806-383-5047 • fax 806-383-1716

Deep Well GroundBed Data:		Date: 10/18/18	
Job Number:	SST11-2018-KS	Drilling Contractor:	MCLEANS CP INSTALLATION, INC.
Company Name:	SOUTHERN STAR CENTRAL GAS PL	Facility/Line:	C60713-RECT 851
Subject:	DEEP WELL	State:	KS
Well Depth:	300 FT	County:	SHERIDAN
Diameter:	10 IN	Other-Driller:	TR
Casing:	20 FT OF 10 IN	Drilling Method:	MUD
Type of Backfill:	SC2	Base Useable Water:	N/A
Anode Type:	1 SET OF 20 ANOTECH 2684		
GPS:	39.25013733, -100.42428589	TEST VOLTS:	N/A
Remarks:			

Drilling Log			Electrical Log			Anode Log		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Volt	Anode Depth	Anode #	Volt	Anode Depth	Anode #
0'	SANDY CLAY	CASING/HOLEPLUG						
5'	SANDY CLAY	CASING/HOLEPLUG						
10'	SANDY CLAY	CASING/HOLEPLUG						
15'	SANDY CLAY	CASING/HOLEPLUG						
20'	SANDY CLAY	CASING/HOLEPLUG						
25'	SANDY CLAY	HOLEPLUG						
30'	SAND	HOLEPLUG						
35'	SAND	HOLEPLUG						
40'	SAND	HOLEPLUG						
45'	SAND	HOLEPLUG						
50'	SAND	HOLEPLUG						
55'	SAND	HOLEPLUG						
60'	SAND	HOLEPLUG						
65'	SAND	HOLEPLUG						
70'	SAND	COKE						
75'	SAND	COKE						
80'	SAND	COKE						
85'	SAND	COKE						
90'	SANDY CLAY	COKE						
95'	SANDY CLAY	COKE						
100'	SANDY CLAY	COKE						
105'	SANDY CLAY	COKE			20			
110'	SANDY CLAY	COKE						
115'	SANDY CLAY	COKE			19			
120'	SAND	COKE						
125'	SAND	COKE			18			
130'	SAND	COKE						
135'	SAND	COKE			17			
140'	SAND	COKE						
145'	SAND	COKE			16			
150'	SAND	COKE						
155'	SAND	COKE			15			
160'	SAND	COKE						
165'	SAND	COKE			14			
170'	CLAY GRAVEL	COKE						
175'	CLAY GRAVEL	COKE			13			
180'	CLAY GRAVEL	COKE						
185'	CLAY GRAVEL	COKE			12			
190'	SHALE	COKE						
195'	SHALE	COKE			11			
200'	SHALE	COKE						
205'	SHALE	COKE			10			
210'	SHALE	COKE						
215'	SHALE	COKE			9			
220'	SHALE	COKE						
225'	SHALE	COKE			8			
230'	SHALE	COKE						
235'	SHALE	COKE			7			
240'	SHALE	COKE						
245'	SHALE	COKE			6			
250'	SHALE	COKE						



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Casing:	20 FT OF 10 IN	Drilling Method:	MUD
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Anode Type:	1 SET OF 20 ANOTECH 2684		
GPS:	39.25013733, -100.42428589	TEST VOLTS:	N/A
Remarks:			

Drilling Log			Electrical Log			Anode Log		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Volt	Anode Depth	Anode #	Volt	Anode Depth	Anode #
255	SHALE	COKE			5			
260	SHALE	COKE						
265	SHALE	COKE			4			
270	SHALE	COKE						
275	SHALE	COKE			3			
280	SHALE	COKE						
285	SHALE	COKE			2			
290	SHALE	COKE						
295	SHALE	COKE			1			
300	SHALE	COKE						