

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 _____ 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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Form	ACO1 - Well Completion
Operator	Southern Star Central Gas Pipeline, Inc.
Well Name	C60803 01
Doc ID	1426522

Tops

Name	Top	Datum
CLAY	0	20
SANDY CLAY	20	40
SAND	40	70
SANDY GRAVEL	70	80
SANDY CLAY	80	100
SAND	100	200
GREEN SAND	200	220
SAND	0	260
CLAY	260	280
SHALE	280	300



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

Deep Well GroundBed Data:		Date: 10/24/18	
Job Number:	SST16-2018-KS	Drilling Contractor:	MCLEANS CP INSTALLATION, INC.
Company Name:	SOUTHERN STAR CENTRAL GAS PL	Facility/Line:	C60803 - RECT 594
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 ANOTEFCFH 2684		
GPS:	39.379726, -100.704365	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'	CLAY	CASING/HOLEPLUG						
5'	CLAY	CASING/HOLEPLUG						
10'	CLAY	CASING/HOLEPLUG						
15'	CLAY	CASING/HOLEPLUG						
20	SANDY CLAY	CASING/HOLEPLUG						
25	SANDY CLAY	HOLEPLUG						
30	SANDY CLAY	HOLEPLUG						
35	SANDY CLAY	HOLEPLUG						
40	SAND	HOLEPLUG						
45	SAND	HOLEPLUG						
50	SAND	HOLEPLUG						
55	SAND	HOLEPLUG						
60	SAND	HOLEPLUG						
65	SAND	HOLEPLUG						
70	SANDY GRAVEL	HOLEPLUG						
75	SANDY GRAVEL	HOLEPLUG						
80	SANDY CLAY	COKE						
85	SANDY CLAY	COKE						
90	SANDY CLAY	COKE						
95	SANDY CLAY	COKE						
100	SAND	COKE						
105	SAND	COKE			20			
110	SAND	COKE						
115	SAND	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	SAND	COKE						
175	SAND	COKE			13			
180	SAND	COKE						
185	SAND	COKE			12			
190	SAND	COKE						
195	SAND	COKE			11			
200	GREEN SAND	COKE						
205	GREEN SAND	COKE			10			
210	GREEN SAND	COKE						
215	GREEN SAND	COKE			9			
220	SAND	COKE						
225	SAND	COKE			8			
230	SAND	COKE						
235	SAND	COKE			7			
240	SAND	COKE						
245	SAND	COKE			6			
250	SAND	COKE						



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GPS:	39.379726, -100.704365	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	SAND	COKE			5			
260	CLAY	COKE						
265	CLAY	COKE			4			
270	CLAY	COKE						
275	CLAY	COKE			3			
280	SHALE	COKE						
285	SHALE	COKE			2			
290	SHALE	COKE						
295	SHALE	COKE			1			
300	SHALE	COKE						

WELL #: C60803

SHERIDAN COUNTY

16.5 in.

10.500 in.

Surface

