KOLAR Document ID: 1428321

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 #	API No.:				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
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:				
☐ Oil ☐ WSW ☐ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: Kelly Bushing:				
OG GSW	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:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of fluid disposal if flauled offsite.				
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West				
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:				

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No		Log Formati		ion (Top), Depth and Datum	
Samples Sent to Geological Survey			Yes No	Na	Name		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of String		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used Type and Percent Additives				
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COMP					LETION:			ON INTERVAL:
□ Vented □ Sold □ Used on Lease □ Open Hole			Open Hole			_ 0		Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 12.00 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion		
Operator	ONEOK NGL Pipeline, LLC		
Well Name	KS-KC-05 1		
Doc ID	1428321		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16	10	8	20	Portland	10	Zero

K5-KC-05



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2207 00002 56495 09/11/18 06:48 AM CASHIER BERNICE

768226000142 92LB ASHLAND <A> ASHGROVE 92.6LB TYPE I-II PORT CMNT 105.50 10@10.55

> SUBTOTAL 105.50 SALES TAX 9.65 TOTAL \$115.15

XXXXXXXXXXXX1003 AMEX

A

USD\$ 115 15

AUTH CODE 815699/4029469 TA AID A000000025010801 AMERICAN EXPRESS



RETURN POLICY DEFINITIONS POLICY ID POLICY EXPIRES ON DAYS 12/10/2018 90

***************************** DID WE NAIL IT?