

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

Confidentiality Requested:

[ ] Yes [ ] No

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](mailto: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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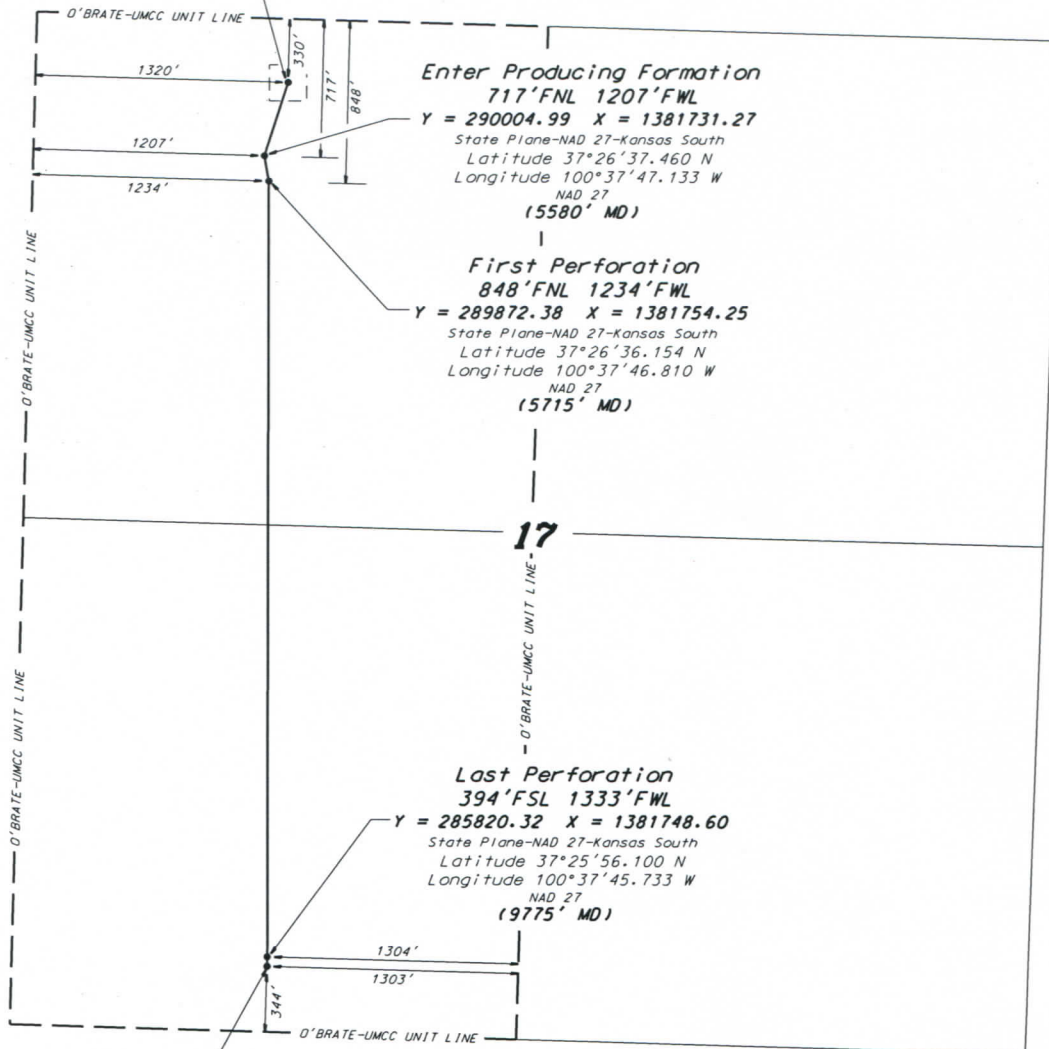
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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**MCCOY PETROLEUM CORPORATION**  
**O'BRATE-UMCC LEASE**  
**W. 1/2, SECTION 17, T30S, R30W**  
**MEADE COUNTY, KANSAS**  
**(AS-DRILLED PLAT)**

Surface Location  
 O'Brate-UMCC #1H-17  
 330'FNL 1320'FWL  
 Ground Elevation = 2815  
 Y = 290390.00 X = 1381854.00  
 State Plane-NAD 27-Kansas South  
 Latitude 37°26'41.293 N  
 Longitude 100°37'45.720 W  
 NAD 27



SCALE 1" = 1000'  
 C.K.S.M.

Projection to Bit (TD)  
 344'FSL 1333'FWL  
 Y = 285770.33 X = 1381747.73  
 State Plane-NAD 27-Kansas South  
 Latitude 37°25'55.606 N  
 Longitude 100°37'45.730 W  
 NAD 27  
 (9825' MD)

\* Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.  
 \* Approximate section lines were determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plot and all other parties relying thereon agree to hold Central Kansas Oilfield Services, Inc., its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.  
 \* Elevations derived from National Geodetic Vertical Datum.

Date December 5, 2018

## Summary of Changes

Lease Name and Number: O'BRATE-UMCC 1H-17

API/Permit #: 15-119-21423-01-00

Doc ID: 1429285

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	12/04/2018	12/06/2018
Save Link	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1428303">../..kcc/detail/operatorEditDetail.cfm?docID=1428303</a>	<a href="http://.../kcc/detail/operatorEditDetail.cfm?docID=1429285">../..kcc/detail/operatorEditDetail.cfm?docID=1429285</a>

## Summary of Attachments

Lease Name and Number: O'BRATE-UMCC 1H-17

API: 15-119-21423-01-00

Doc ID: 1429285

Correction Number: 1

Attachment Name

O'Brate-UMCC #1H-17 Post Survey Plat Map 120618