

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

Confidentiality Requested:
Yes No

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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Dale Jackson Production Co
Box 266, Mound City, Ks 66056



Cell # 620-363-2683

Office # 620-363-2696

Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Long string: 678' of 2 7/8 8 round	Cemented: 95 sacks	Hole Size: 5 5/8"
SN: 686'	Packer: -	
Plugged: -	Bottom Plug: -	
TD: 681'		
Lease:	McCann	
Owner:	Bobcat Oilfield Services Inc	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	

Well Log

Well #: 42
Location: NW,NE,SW,NE, S30-T16-R22E
County: Miami
FSL: 3680'
FEL: 1724'
API#: 15-121-31527-00-00
Started: 11-19-18
Completed: 11-19-18

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil	16	573	Shale
10	11	Clay	3	576	Coal
1	12	Black Shale	4	580	Lime
14	26	Lime	1	581	Shale
7	33	Sandy Shale	5	586	Oil Sand (fair bleed)
17	50	Lime	2	588	Oil Sand (very shaley)
5	55	Shale	7	595	Black Shale
3	58	Red Bed	9	604	Lime
22	80	Shale	2	606	Coal
15	95	Lime	7	613	Light Shale
2	97	Black Shale	13	626	Shale
33	130	Sandy Shale	5	631	Lime
55	185	Shale	5	636	Shale
19	204	Lime	2	638	Black Shale
17	221	Sandy Shale	6	644	Shale
14	235	Light Shale	2	646	Lime
3	238	Lime	1	647	Shale
22	260	Shale	3	650	Oil Sand (very shaley) (poor bleed)
1	261	Red Bed	2	652	Oil Sand (good bleed)
9	270	Shale	1	653	Oil Sand (some shale) (fair bleed)
17	287	Lime	3	656	Oil Sand (fair bleed)
13	300	Shale	2	658	Oil Sand (good bleed)
24	324	Lime	3	661	Oil Sand (very shaley)
5	329	Black Shale	2	663	Oil Sand (some shale) (fair bleed)
7	336	Shale	2	665	Sandy Shale
18	354	Lime	TD	681	Shale
5	359	Black Shale			
14	373	Lime			
22	395	Shale			
5	400	Sandy Shale			
73	473	Shale			
4	477	Sandy Shale (odor)			
3	480	Oil Sand (shaley) (poor bleed)			
30	510	Shale			
5	515	Red Bed			
4	519	Light Shale			
10	529	Light Shale (limey)			Surface 11-14-18, Set time 2:00pm
1	530	Oil Sand (some shale) (fair bleed)			Called 1:45, talked to Dallas
2	532	Oil Sand (good bleed)			Long string 678' 2 7/8', 11-19-18
3	535	Sandy Shale (oil sand strks)			Set time 2:30 pm, TD 681'
11	546	Lime			Called 1:45 pm, Talked to Brooke
8	554	Shale			
3	557	Lime			Corrected

Summary of Changes

Lease Name and Number: MCCANN 42

API/Permit #: 15-121-31527-00-00

Doc ID: 1430329

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Ground Level Elevation	1043	1037
Number of Feet East or West From Section Line	1615	1724
Number of Feet North or South From Section Line	4442	3680
Approved Date	12/11/2018	12/17/2018
LocationInfoLink	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30&t.../kcc/detail/operatorEditDetail.cfm?docID=1429621	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=30&t.../kcc/detail/operatorEditDetail.cfm?docID=1430329
Save Link		
Quarter Call 2	NW	SW
Quarter Call 3	SE	NE
Quarter Call 4 - Smallest	NE	NW

Summary of Attachments

Lease Name and Number: MCCANN 42

API: 15-121-31527-00-00

Doc ID: 1430329

Correction Number: 1

Attachment Name

cement ticket/driller log - corrected footage