## KOLAR Document ID: 1453247

Confiden	tiality Re	quested:
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

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OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other ( <i>Core, Expl., etc.</i> ):	Multiple Stage Cementing Collar Used?
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:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	Lease Name: License #:
Could Date are Date Deschool TD Completing Date or	Quarter Sec Twp S. R East West
Spud Date orDate Reached TDCompletion Date orRecompletion DateRecompletion 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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Operator Nam	ie:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

**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			Yes 🗌 No			og Formatio	on (Top), Depth	and Datum	Sample
(Attach Additional Sh					Name	e		Тор	Datum
Samples Sent to Geolo Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:			Yes No Yes No Yes No Yes No Yes No						
		Rep	CASING	RECORD	_ Ne <sup>r</sup> e, inte		ion, etc.		
Purpose of String	Size Hole Drilled	S	ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth Perforate Protect Casing		Тур	e of Cement	# Sacks Used		Type and Percent Additives			
Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fractular</li> </ol>	total base fluid of th	ie hydraulic f	racturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	skip questions 2 ar skip question 3) iill out Page Three	
Date of first Production/In Injection:	jection or Resumed	Production/	Producing Meth	nod:		Gas Lift 🗌 C	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours		Bbls.	Gas	Mcf Water Bbls. Gas-Oil Ratio			Gravity		
DISPOSITION OF GAS:				COMPLETION:			PRODUCTION INTERVAL: Top Bottom		
Vented Sold Used on Lease Open Hole (If vented, Submit ACO-18.)			Open Hole				mmingled mit ACO-4)		
Shots Per         Perforation         Perforation         Bridge Plug         Bridge Pl           Foot         Top         Bottom         Type         Set At			Bridge Plug Set At		Acid		ementing Squeeze		
TUBING RECORD:	Size:	Set At	:	Packer At:					

Form	ACO1 - Well Completion
Operator	C&M Exploration, LLC
Well Name	RACHEL DAVIDSON 31-1
Doc ID	1453247

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	293	AA 60/40 POZ		2% Bentonite Gel, 3% Calcium Chloride
Production	7.875	5.5	15.5	4501	AA 60/40 POZ	175	2% Bentonite Gel, 5 PPS Gilsonite