

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

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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# CONSOLIDATED OIL WELL SERVICES

P. O. BOX 229 CHANUTE, KANSAS  
PHONE HE 1-9210

Ticket 9146

Date 9/17/71	Customer's Order No.	Customer's Reg. No.	Sec.	Twp.	Range	Well No. & Farm 11 LAWRENCE	Place or Destination
Change To	Lumber Mill - Lumb.			Owner		County	Greene
Mailing Address	Lumber Phillips			Contractor		State	Kansas
City & State							Owner, Operator or His Agent

## CEMENTING SERVICE DATA

TYPE OF JOB	CASING		HOLE DATA		PLUGS AND HEAD		PRESSURE		CEMENT LEFT IN CASING	
Surface	New		Bore Size	6 7/8	Bottom		Circulating	0	Requested	0
Production	Used		Total Depth	1085	Top	1-2 cup	Minimum	0	Necessity	0
Squeeze	Size	4.5	Cable Tool		Head	PC	Maximum	200	Measured	
Pumping	Weight	9.55	Rotary		FLOAT EQUIPMENT		Sacks Cement	135		
Other	Depth	1085			FRONT STOP		Type & Brand	Buck Port		
	Type						Admixes	2%		

REMARKS

## FRACTURING SERVICE DATA

Type of Job	At Intervals of						
Bbls. Fracturing Fluid	Breakdown Pressure from		psi to		psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM	Close In	psi
Sand	Gals. Treating Acid		Type		Open Hole Diameter		
Well Treated Through: Tubing	Casing		Annulus		Size	Weight	
Remarks							
No. Perforations	Pay Formation Name				Depth of Job		Ft.

Must Be Signed ONLY If Process License Fee Does Not Apply and Conditions Set Forth Below Are True:

The oil used as fracturing fluid in this treatment was produced from the same formation in the same field as the well being treated and was used in an unaltered condition.

Well Owner, Operator or Contractor

By \_\_\_\_\_, His Agent

### INVOICE SECTION

Base Charge	Pumping	\$ 167.25
Sand	135 5x BUCK (FRONT) + 3 5x GEC -	216.00 + 75.00
Others	1 - 4 1/2 RUBBER PLUG - 1 - 4 1/2 FLOAT STOP -	10.00 + 42.00
	(-LOW MILEAGE)	34. -
Sales Tax		
<b>TOTAL</b>		<b>\$ 478.75</b>

**INVOICE**  
No. 68/1

OCT 18 1971 Pd. Ck. No. 5762



# D. D. Sandlin Drilling Co.

Rotary Drilling -- Diamond Coring

DRILLED FOR: LARRY MOORE <sup>Iola, Kansas 66749</sup> RANCH INC.  
 % JOE PHILLIPS  
 GRIDLEY, KANSAS  
 FARM LAWRENCE  
 WELL # 11  
 COFFEY COUNTY, KANSAS

THICKNESS	FORMATIONS	TOTAL DEPTH
2	soil	2
13	clay	15
6	sand stone w/ clay	21
41	shale	62
5	lime	67
4	shale	71
5	lime	76
140	shale	216
38	shale w/ lime st	254
49	lime	303
15	shale	318
34	lime	352
24	shale sandy	376
110	lime	486
39	shalley white lime	525
6	lime	531
47	shale	578
1 14	lime	692
146	shale	836
24	shale w/ lime st	860
29	lime w/ shale st	889
3	shale black	892
7	lime	899
29	sandy shale	928
28	sand	956
29	lime	985
5	shale black	990
36	lime	1026
5	shale black	1031
2	lime	1033
10	shale w/ lime st	1043
17	oil sand broken	1060
26	shale	1086

T.D.

set 60' of 7" surface pipe an cemented  
 cored from 1044' to 1064'  
 set 1083' of 4" pipe with float on  
 bottom, cemented to surface.  
 used 4" pipe.