

Confidentiality Requested:

 Yes  NoKANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm ACO-1  
January 2018Form must be Typed  
Form must be Signed  
All blanks must be FilledWELL 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  
Recompletion Date

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: \_\_\_\_\_ (e.g. xx.xxxxx), Long: \_\_\_\_\_ (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 DistributionALT  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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

<b>CASING RECORD</b> <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:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Explain) _____				
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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION:  <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)			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 (Amount and Kind of Material Used)	
TUBING RECORD: Size: Set At: Packer At:						

Form	ACO1 - Well Completion						
Operator	Bobcat Oilfield Service, Inc.						
Well Name	SPINDLE 1W-18						
Doc ID	1455528						

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	8.750	6	10	20	Portland	5	50/50 POZ
Production	5.625	2.875	8	416	Portland	62	50/50 POZ

Lease:	Spindle	
Owner:	Bobcat Oilfield Services Inc	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	



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: 416' 2 7/8 8 round	Cemented: 62	Hole Size: 5 5/8

SN: None	Packer: -	TD: 421'
Plugged: -		Bottom Plug: -

## Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top Soil			
2	3	Clay			
7	10	Lime (clay strks)			
23	33	Shale			
11	44	Lime			
7	51	Shale sandy			
5	56	Sand			
4	60	Shale			
1	61	Black Shale			
14	75	Shale			
4	79	Lime			
44	123	Shale			
12	135	Lime			
13	148	Shale			
10	158	Lime (odor)			
3	161	Shale			
15	176	Lime			
3	179	Black Shale			
2	181	Shale			
23	204	Lime			
2	206	Black Shale			
13	219	Lime			
27	246	Shale			
3	249	Sand			
11	260	Shale Sandy			
76	336	Shale			
10	346	Light Shale			
22	368	Shale			
2	370	Black Shale			
4	374	Light Shale			
1	375	Sandy Shale (odor) (oil sand strks)			
2	377	Lime (odor)			
1	378	Oil Sand very shaley (poor bleed)			
1	379	Oil Sand (some shale) (poor bleed)			
2	381	Lime			
3	384	Oil Sand (very limey) (poor bleed)			Surface 12/10/18, Set time 1:00 pm
2	386	Oil Sand (very shaley) (poor bleed)			Called 12:00 pm, Talked to Michelle
1	387	Oil Sand (some shale) (poor Bleed)			Long string 416' 2 7/8, 8 round, TD 421'
1	388	Oil Sand (very shaley) (poor bleed)			12/11/18, Set Time 2:00 pm
2	390	Oil Sand (some shale) (poor bleed)			Called 1:00pm Talked to Brooke
4	394	Shale			
2	396	Sandy Shale (oil sand strks) (limey)			
TD	421	Shale			

## Summary of Changes

Lease Name and Number: SPINDLE 1W-18

API/Permit #: 15-121-31558-00-00

Doc ID: 1455528

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Electric Log Run?	No	Yes
Elogs_PDF		GammaRayNeutronCC L
Approved Date	12/18/2018	03/28/2019
Method Of Completion - Perf	No	Yes
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1430378	../../kcc/detail/operatorEditDetail.cfm?docID=1455528
TopsDatum1	NA	GL
TopsDepth1	NA	376
TopsName1	NA	Peru

## Summary of Attachments

Lease Name and Number: SPINDLE 1W-18

API: 15-121-31558-00-00

Doc ID: 1455528

Correction Number: 1

Attachment Name