

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 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) (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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Lease:	McCann	
Owner:	Bobcat Oilfield Services Inc	
OPR #:	3895	
Contractor:	DALE JACKSON PRODUCTION CO.	
OPR #:	4339	
Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Long string: 703' Of 2 7/8" round	Cemented: Did not cement	Hole Size: 5 5/8"



Dale Jackson Production Co.
Box 266, Mound City, Ks 66056
Cell # 620-363-2683
Office # 620-363-2696



Well #: WW-22
Location: SE,NW,SW,NE, S30-T16-R22E
County: Miami
FSL: 3623
FEL: 2277
API#: 15-121-31530-00-00
Started: 10/23/18
Completed: 10/25/18
TD: 710'

SN: none	Packer: -
Plugged: -	Bottom Plug: -

Well Log

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
1	1	Top soil	9	545	Shale
9	10	Clay	5	550	Lime
2	12	Black Shale	19	569	Shale
9	21	Lime	2	571	Lime
3	24	Shale	3	574	Oil sand (some shale) (fair bleed)
16	40	Lime	3	577	Sand Shale (Oil sand strks)
38	78	Shale	11	588	Sand shale
10	88	Lime (shaley) (taking fluid)	3	591	Shale lime
24	112	Shale	5	596	Lime
6	118	Sandy Shale	2	298	Black shale
61	179	Shale	25	621	Shale (limey)
19	198	Lime	3	624	Lime
12	210	Shale	10	634	Shale Black
5	215	Sand Shale	2	636	Lime
6	221	Shale	5	641	Shale
1	222	Red Bed	1	642	Sandy shale (oil sand strks)
6	228	Light shale limey	2	644	Oil sand (very shaley)
5	233	Lime	6	650	Oil Sand (some water) (fair bleed)
17	250	Shale	4.5	654.5	Oil sand (some shale) (fair bleed)
5	255	Red Bed	4	658.5	Shale (Oil sand strks)
10	265	Shale	2	660.5	Oil sand (very shaley) (fair bleed)
13	278	Lime	3.5	664	Shale (Oil sand strks)
7	285	Black Shale	TD	710	Shale
3	288	Lime			
8	296	Shale			
20	316	Lime			
12	328	Shale			
22	350	Lime			
5	355	Black Shale			
2	357	Lime			
6	363	Shale (limey)			
6	369	Lime			
21	390	Shale			
1	391	Lime			
84	475	Shale			
1	476	Sand shale (oil sand strks) (odor)			Surface 10-23-18
1	477	Oil Sand (very shaley) (poor bleed)			Set time 3:30 pm
4	481	Sand Shale (oil sand strks)			Called 1:30 pm, Talked to Brooke
10	491	Shale (limey)			Long string 703' of 2 7/8 round, 710 TD
35	526	Shale			Set time 2:30 pm, 10-25-18
2	528	Lime			Called 1:30 pm Talked to Brooke
4	532	Lime (oil sand strks) (odor)			
4	536	Lime			

Summary of Changes

Lease Name and Number: MCCANN WW-22

API/Permit #: 15-121-31530-00-00

Doc ID: 1455551

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	12/11/2018	03/28/2019
Method Of Completion - Perf	No	Yes
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1427883	../kcc/detail/operatorEditDetail.cfm?docID=1455551
TopsDatum1	N/A	GL
TopsDepth1	N/A	645
TopsName1	N/A	Squirrel

Summary of Attachments

Lease Name and Number: MCCANN WW-22

API: 15-121-31530-00-00

Doc ID: 1455551

Correction Number: 1

Attachment Name