

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)</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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Mud Rotary Drilling
 Andrew King - Manager/Driller

Bar Drilling, LLC
 Phone: (719) 210-8806

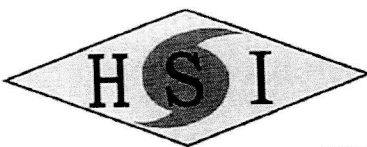
1317 105th Rd.
 Yates Center, KS 66783

Company/Operator German Oil Co. 211 W 16th Neosho Falls, KS	Well No. 11	Lease Name Kramer	Well Location 605' fnl, 242' fel Woodson	1/4	1/4	1/4	Sec. 4	Twp. 24	Rge, 17e
				SE	NE	NE			
Job/Project Name/No.	Well API # 15-207-29720	Type/Well Oil	County Woodson	State KS	Total Depth 1240	Date Started 3/20/2019	Date Completed 3/27/2018		

Job/Project Name/No.	Surface Record	Bit Record			Coring Record						
		Bit Size:	Type	Size	From	To	Core #	Size	From	To	% Rec.
Driller/Crew		11 1/4	PDC	11 1/4							
Andy King		Casing Size: 8 5/8	PDC	6 3/4							
		Casing Length: 40'+									
		Cement Used: 14SX									
		Cement Type: Portland									

Formation Record

From	To	Formation	Formation		Formation	
			From	To	From	To
0	17	Overburden				
17	151	shale				
151	261	lime				
261	321	shale				
321	453	lime				
453	626	shale				
626	655	lime				
655	731	shale				
731	740	lime				
740	794	shale				
794	826	lime				
826	850	shale				
850	860	oil show				
860	1175	shale				
1175	1178	lime				
1178	1240	white lime				
1240		TD				
Well Notes:						
PLUGGED						



CEMENT TREATMENT REPORT

Customer:	GERMAN OIL	Well:	Kramer #11	Ticket:	ICT 1871
City, State:	NEOSHO FALLS KANSAS	County:	Woodson, KS	Date:	3/27/2019
Field Rep:		S-T-R:		Service:	PTA

Hole Size:	5.875 in
Hole Depth:	1240 ft
Casing Size:	in
Casing Depth:	ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	bbls

Weight:	13.9 # / sx
Water / Sx:	6.90 gal / sx
Yield:	1.42 ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Volume:	bbls
Excess:	%
Total Slurry:	bbls
Total Sacks:	70 sx

Product	%	#
Class A	60.0	3984
Gel	4.0	243
CaCl		
Metso		
KoiSeal		
PhenoSeal		
Salt		
Flyash	40.0	2072
Total		6,299

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS
				On location safety meeting					
				Spot in and rig up					
				Hook up to drill pipe at 1240'					
	2.5	150.0	5.0	Break circulation					
	2.5	150.0	12.0	Mix and pump gel					
	2.5	150.0	2.5	Mix and pump cement					
	2.5	150.0	12.0	Displace					
				Hook up to drill pipe at 860'					
	2.5	150.0	3.5	Break circulation					
	2.5	150.0	6.0	Mix and pump gel					
	2.5	150.0	2.5	Mix and pump cement					
	2.5	150.0	8.0	Displace					
				Hook up to drill pipe at 260'					
	2.5	100.0	12.0	Circulate cement to surface					
	0.5	50.0	0.5	Pull drill pipe and top off					

CREW		UNIT	SUMMARY		
Cementer:			Average Rate	Average Pressure	Total Fluid
Pump Operator:			2.3 bpm	135.00 psi	64.00 bbls
Bulk #1:					
Bulk #2:					