

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. 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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Well Name: **RIVER BEND 2**

API/UWI 15-055-22469	Lease Line Legal Desc NW/4 Sec. 26-24-32W 960' FNL & 566' F...	Field Name Wildcat (Kansas)	License #	State/Province KANSAS	Well Configuration Type
Original KB Elevation (ft)	KB-Tubing Head Distance (ft)	Original Spud Date	Rig Release Date	PBTD (All) (ftKB)	Total Depth All (TVD) (ftKB) Original Hole - 4,943.1

Job Category Completion/Workover	Primary Job Type Fracture Treatment	Secondary Job Type	Status 1
AFE Number 061558	Job Start Date 6/11/2018	Job End Date	Total AFE Amount (Cost) 95,300.00

Objective
Fracture stimulate the Chester

Procedure
Pull pump and rods.
Test casing.
Frac Chester.
Flowback and swab.
Return to production.

Contractor	Rig Number	Rig Type
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Rpt #	Start Date	End Date	Day Total (Cost)	Cum To Date (Cost)	Summary	Last Mod By
1.0	6/8/2018	6/8/2018	800.00	800.00	Move a Ricks Well Service to Loc. Filled up the JSA. Rig up the the unit. Prepared for rods. SDFD.	maragon
2.0	6/11/2018	6/11/2018	6,800.00	7,600.00	Crew Drove To Loc. Filled up the JSA. Unhanged well off, long stroked pump pressure tubing up to 1000 psi tubing held good, try to unset pump we could't work pump for 30 min never came lose, back off rods trip out the hole with 1.25 x16' polish rod, 1.5 x12' polish rod liner, 1-2' 1" rod sub, 70-1" plain rods, blow casing down, rigged up tubing tools, unflunge well try to release tubing anchor but it was stuck, work tac for 3 hrs didn't came lose, by 1:00 pm eastern colorado power swivel show up, rigged up swivel work tubing for 2.5 hrs anchor came lose by 3:30 pm, nipple up weatherford hydrolic bop. TOHW 40 jnts got to fluid, swab tubing down trip out the hole with 55 jnts 2.7/8" tubing got to the rods, back off rods trip out the hole with 111-7/8" rods with scrapers, and 6-1.5 k-bars with stblz, and left 4-k-bars in the hole, swab tubing down, shut well in, shut down for day,	maragon
3.0	6/12/2018	6/12/2018	6,200.00	13,800.00	Crew Drove to Loc. Filled up the JSA. Checked shut in casing pressure lite blow, shut in tubing pressure 0 psi, lay down last 4-k-bars and pulled 88-jnts 2.7/8" tubing and 5.5" tubing anchor catcher, 6-jnts, s/n 15' cema, total 143-jnts, tac, 6-jnts, s/n and 15' cema, rigged up weatherford 4-3/4" drill bit and casing scraper run in hole to 4870' with 149 jnts, trip out the hole with tubing and bit and scraper, run in hole with J&J 5.5" RBP, se the rbp @ 4800' 50' above chester zone, rigged up choasland water truck pump down the tubing load casing with 71 bbls 2% kcl water, pressure casing up to 4300 psi casing held good for 15 min, release rbp trip out the hole, set RBP 171' below surface, j-off the RBP trip out the hole with 5 jnts, nipple down hydraulic bop, nipple up frac valve, load casing with 3 bbls 2% pressure test frac valve to 4300 psi held good for 15 min, go back in hole latch on rbp release it, trip out the hole with 5 jnts and lay down rbp, screw 5.5" flunge on frac valve, moved tubing and k-bars out the way, shut well in, shut down for day,	maragon
4.0	6/13/2018	6/13/2018	59,200.00	73,000.00	Crew Drove to loc. Filled up the JSA. Gore frac crew rigged up flow lines to pump. frac chester zone with total load 363 bbls, total x frac 310 bbls, total l frac 53 bbls, total 16/30 arizona 40444 lbs, total N2 640,000 scf, average rate 33.8 bpm, max rate 36.3 bpm. average pressure 2267 psi, max pressure 2681 psi, isip 2025 psi, 5-min 1806 psi, 10 min 1760 psi, 15 min 1671 psi, shut well in, rigged down Gore frac equipment down, wait for 1.5 hr checked shut in casing pressure 1200 psi, open well on 1/4" choke nipple first hr flow back 18 bbls of foamy water, flowing pressure 1000 psi, flow well back for 2 hrs flow back 32 bbls of foamy water, flowing pressure 850 psi, remove 1/4" choke -nipple and install 1/2" choke nipple first hr flow back 15 bbls of foamy water showing trace of oil, flowing pressure 300 psi, flow back well back for 5 hrs flow back 28 bbls of foamy water flowing pressure light blow, last 2 hrs open on 2" flow line, last 2 hrs didn't carry any fluid, shut well in, shut down for night,.	maragon