KOLAR Document ID: 1467088

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 #	API No.:
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
☐ EOR Permit #:	Location of haid disposal if hadica offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSec TwpS. R East West
Recompletion Date Recompletion Date	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:

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#### Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casi								
Plug Off Zon								
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513   1200  10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	TDR Construction, Inc.
Well Name	MOLDENHAUER 45
Doc ID	1467088

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	7	10	21	Portland	3	50/50 POZ
Production	5.625	2.875	8	814	Portland	121	50/50 POZ

CONSOLIDATED OIL WELL SERVICES, INC. P.O. BOX 884, CHANUTE, KS 66720 620-431-9210 OR 800-467-8676

TICKET NUM	ABER	100	12863
LOCATION_			
FOREMAN_	Ale	un	Made

# TREATMENT REPORT & FIELD TICKET

DATE C	CUSTOMER#	WFI	L NAME & NUMBER	SEIVIEIVI	CTION	TOWNSHIP	RANGE	COUNTY
	4015	Molde		5	32	1.5	21	fr
STOMER	1010	V - IN INCEN	- TOPI CO	نينت _	Waller II	T PRIVES		DRIVER
JTL					RUCK#	DRIVER	TRUCK #	DKIVER
LING ADDRESS	0	is:		3/	2	17-lan 101		
O,O E	30 × 910	STATE	ZIP CODE	36	6	DillZ		
Υ		K S	66033		7	Gary A		
-ouis, bu	5		750	[3]	20	CASING SIZE & W	EIGHT 23	19
TYPE LONG	SW) as	HOLE SIZE	00		90	CASING SIZE & W	OTHER	
SING DEPTH	213	DRILL PIPE		JBING ATER gal/sk		CEMENT LEFT in		5
URRY WEIGHT_	H.7	SLURRY VOL		x PSI_ <i>200</i>		RATE 4	bun	×
D.	1 1111	DISPLACEMEN	1 PSI 01/0 MI	from P		Mixed +	pump.	en 15
MARKS: EG	Ol all	1- 6	- 10110n	Jour P	1007	Mixed of	Di un C	00/ 122
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JON.							-	
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-						Vim	Mo	Just 1
ACCOUNT	QUANTIT	Y or UNITS	DESC	RIPTION of SERV	ICES or PR	ODUCT	UNIT PRICE	TOTAL
CODE	- 1		PUMP CHARGE			368	-	875
20		15	MILEAGE	ie		269		51,7
7402	0	W	Costa	Lastra		21.9		
707	01	1	+ 45	100		510		3000
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				50	NSERVATION VICHITA	Ke	SALFOTAV	8/1
om Ca	40-10-			CÖ	NSERVATION VYICHITA	bineion 6.8%	SALES TAX ESTIMATED	81.8