

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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Form	ACO1 - Well Completion
Operator	Woolsey Operating Company, LLC
Well Name	SCHOOLEY A 1 SWD
Doc ID	1469157

Tops

Name	Top	Datum
CHASE	1846	-476
DOUGLAS	3777	-2407
HERTHA	4506	-3136
PAWNEE	4655	-3285
MISSISSIPPIAN	4780	-3410
VIOLA	5115	-3745
SIMPSON	5252	-3882
ARBUCKLE	5463	-4093

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	5439-5440		



Customer <i>Woolsey Operations</i>	Lease No.	Date	
Lease <i>Schooler sup</i>	Well # <i>P-1</i>		
Field Order # <i>17676</i>	Station <i>P8911, KS</i>	Casing	Depth
Type Job <i>241 / Squeeze</i>	Formation	County	State <i>A</i>
		Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>3 1/2</i>	<i>2 7/8</i>						Max	5 Min.
Depth <i>126</i>	Depth <i>4302</i>	From <i>4478</i>	To <i>4458</i>	Pre Pad			Min	10 Min.
Volume <i>29</i>	Volume <i>24.9</i>	From	To	Pad			Avg	15 Min.
Max Press <i>500</i>	Max Press	From	To	Frac			HHP Used	Annulus Pressure
Well Connection	Annulus Vol. <i>67.5</i>	From	To				Gas Volume	Total Load
Plug Depth	Packer Depth <i>4302</i>	From	To	Flush <i>Water</i>				

Customer Representative <i>Alvin Dick</i>	Station Manager <i>Justin Westerman</i>	Treater <i>Darin Franklin</i>
Service Units <i>92911</i>	<i>78982</i>	<i>19843</i>
Driver Names <i>Darin</i>	<i>Brett W920</i>	<i>Brett W920</i>
	<i>19903</i>	<i>19862</i>
	<i>Brett W920</i>	<i>Brett W920</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:00am</i>					<i>On location / Safety meeting</i>
					<i>150SK Common + 2% CC</i>
					<i>15.6 pps, 1.18 void, 5.22 w920</i>
					<i>51K Common</i>
					<i>15.6 pps, 1.18 void, 5.22 w920</i>
<i>11:00am</i>	<i>500</i>		<i>70</i>	<i>4</i>	<i>Circulate hole</i>
	<i>500</i>		<i>1</i>	<i>2</i>	<i>Load casing</i>
		<i>700</i>	<i>10</i>	<i>3</i>	<i>Injection Rsk</i>
<i>12:30pm</i>		<i>500</i>	<i>31</i>	<i>3</i>	<i>mix 150SK Cement + 2% CC</i>
		<i>500</i>	<i>21</i>	<i>3</i>	<i>mix 100SK Common</i>
		<i>100</i>	<i>0</i>	<i>2</i>	<i>Displace</i>
		<i>200</i>	<i>15</i>	<i>1</i>	
		<i>300</i>	<i>22</i>	<i>1</i>	
<i>1:00pm</i>		<i>400</i>	<i>25 1/2</i>	<i>1</i>	<i>Shut down</i>
<i>1:30pm</i>		<i>400</i>	<i>25 3/4</i>	<i>1/4</i>	<i>Pump 1/4 bbl</i>
<i>2:15pm</i>		<i>800</i>	<i>26</i>	<i>1/4</i>	<i>Pump 1/4 bbl</i>
<i>3:00pm</i>		<i>1000</i>	<i>26 1/4</i>	<i>1/4</i>	<i>Pump 1/4 bbl</i>
					<i>Blood off - Healed</i>
	<i>400</i>		<i>35</i>	<i>3</i>	<i>Reverse out</i>
					<i>Pull 10 Joints</i>
	<i>500</i>	<i>500</i>	<i>3</i>	<i>2</i>	<i>Pressure to 500psi &amp; Shut in</i>