KOLAR Document ID: 1481915

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:						
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:, (e.axxx.xxxxx)					
Name:	Datum: NAD27 NAD83 WGS84					
Wellsite Geologist:	County:					
Purchaser:						
Designate Type of Completion:	Lease Name: Well #:					
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:					
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Producing Formation: Kelly Bushing:					
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?					
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 □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)					
Committed and Downit #	Chloride content: ppm Fluid volume: bbls					
☐ Commingled Permit #: ☐ Dual Completion Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
EOR Permit #:	·					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. 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 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: Depth Top Bottom			pe of Cement	# Sacks Used	ed Type and Percent Additives				
Perforate Protect Casii Plug Back TI									
Plug Off Zon									
 Did you perform a Does the volume o Was the hydraulic 	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>			
Flow						bls. (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					
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5513 1200 10.	5120.		···	. 30.0.71					

Form	ACO1 - Well Completion
Operator	Phillips Exploration Company L.C.
Well Name	DEINES 1-17 SHR
Doc ID	1481915

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.75	23	217	common	150	80/20

QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1446

								
	Sec. Tv	vp.	Range		County	State	On Location	Finish
Date 6-21-19	12 1	<u>3</u> L	23_		MgD	K3		4115 Am
				Location	on Waxee	nel 53 11	w 145 Ente	2
Lease Deines		We	11 No/-17	SHR	Owner			•
Contractor Mynkin #16					ilwell Cementing,	Inc. rent cementing equipme	ant and furnish	
Type Job Kotan A	lia						owner or contractor to	
Hole Size 77/8	T.D	. 4/4	475		Charge /	hillips Es	obration	
Csg.	De	oth		·	Street	· · · · / · · · · · · · · · · · · · · ·		
Tbg. Size	Dej	p <u>th</u>			City		State	
Tool	Dej	oth			The above wa	s done to satisfacti	on and supervision of own	er agent or contractor.
Cement Left in Csg.	Sho	oe Joint	t		Cement Amo	ount Ordered 2	55 69/40 41/4	0 44450
Meas Line	Dis	place						
	EQUIPMENT				Common	153		:
Pumptrk No. Ceme Helpe	nter make				Poz. Mix	102		
Bulktrk No. Driver					Gel. 9			3
Bulktrk / No. Driver	South				Calcium			
JOB SE	RVICES & RE	MARK	S .		Hulls			
Remarks:					Salt			
Rat Hole 305K					Flowseal	56#		
Mouse Hole 1551L					Kol-Seal	S		
Centralizers			·		Mud CLR 48			
Baskets	. 4,4				CFL-117 or 0	CD110 CAF 38		
D/V or Port Collar		&		: .	Sand	All the		
157 1975	509K				Handling	64		
Z= 1040	12051L				Mileage			
34 265	DHC					FLOAT EQU	IPMENT 95/5	W Holsols
4# 40	OSIL				Guide Shoe		- 2) /3 =	
					Centralizer			
	•	•			Baskets			
4			7 4		AFU Inserts			
		ارم			Float Shoe		() () () () () () () () () ()	
	7	70	· .		Latch Down			
				7777				
. /					Pumptrk Cha			
			· · · · · · · · · · · · · · · · · · ·		Mileage 7	, 1		
							Ta	x
							Discour	ıt
X Signature	0	/					Total Charge	е -
		CIO I	/				•	<u> </u>

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

1454 Phone 785-483-2025 Home Office P.O. Box 32 Russell, KS 67665 Cell 785-324-1041 Sec. Twp. Range County State On Location Finish 600 F 13 23 Mus Location Waler Well No. Lease Owner #16 To Quality Oilwell Cementing, Inc. Contractor You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed. Type Job Charge To T.D. Hole Size Depth Csg. Street Depth Tbg. Size City State Depth The above was done to satisfaction and supervision of owner agent or contractor. Tool-80/20 3%CC 2% Gel. Cement Amount Ordered Cement Left in Csg Shoe Joint Meas Line Displace **EQUIPMENT** Common Cementer Helper Pumptrk Poz. Mix Driver Bulktrk Gel. Driver Driver Calcium Driver **JOB SERVICES & REMARKS** Hulls Salt Remarks: Rat Hole Flowseal Mouse Hole Kol-Seal Centralizers Mud CLR 48 **Baskets** CFL-117 or CD110 CAF 38 D/V or Port Collar Sand Handling Mileage FLOAT EQUIPMENT **Guide Shoe** Centralizer **Baskets AFU Inserts** Float Shoe Latch Down Pumptrk Charge Mileage Tax Discount Signature **Total Charge**