

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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Production
TREATMENT REPORT

Acid Stage No. _____

Date 10/4/2019 District GB F.O. No. 50038

Company Howell Oil

Well Name & No. Dole #3

Location _____ Field _____

County Reno State KS

Casing: Size 5.5" Type & Wt. _____ Set at _____ ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. _____ Swung at _____ ft.

Perforated from _____ ft. to _____ ft.

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment:	Amt.	Type Fluid	Sand Size	Pounds of Sand
Bkdown	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
	_____ Bbl./Gal.	_____	_____	_____
Flush	_____ Bbl./Gal.	_____	_____	_____
Treated from	_____ ft. to _____ ft.			No. ft. <u>0</u>
	_____ ft. to _____ ft.			No. ft. <u>0</u>
	_____ ft. to _____ ft.			No. ft. <u>0</u>
Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.				
Pump Trucks.	No. Used: <u>365</u>	Std. _____	Sp. _____	Twin _____
Auxiliary Equipment	<u>360</u>			
Personnel	<u>Nathan-Greg-Clarence</u>			
Auxiliary Tools	_____			
Plugging or Sealing Materials: Type _____				
		Gals. _____		lb. _____

Company Representative Larry R. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
3:00		5.5"		On Location. Rigging up to run casing.
				Hole-3520' Centralizers-1,3,5,7,9,11
				Pipe-3490' Baskets-2,14
				Baffle-3475'
5:45				Break circulation with mud pump. Circulate for 1 hour.
6:50				Pump 600gal of Mud Flush.
7:00				Plug Rat Hole 30sks and Mouse Hole with 20sks.
7:10				Mix 200sks Common .75%C-37 .75%C-41p .25%C-12 12%Salt 5#/sk Gilsonite.
				Wash out pump and lines.
7:45				Displace with 84.7bbls at 6.5bpm-700# Plug landed at 1000# Pressure up to 1500# Release pressure. Float Held.
				Thank You!
				Nathan W.

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY Haverhill Oil Co., Inc. ELEVATIONS _____

LEASE Dele #3 KB 1474

FIELD Buckhorn DF _____

LOCATION R310 E54 L59D E1L GI 1465

SEC 13 TWP R3 S RGE 4 W Measurements A & B

COUNTY Rock STATE Ks FROM R1D

CONTRACTOR Amphibious Drilling, Inc. SURFACE 13 1/2 x 20 1/2

SPUD 9/30/1909 TD 10/4/19 PRODUCTION _____

RTD 3530 LTD 3532 ELECTRICAL SURVEYS _____

MUD UP 3200 TYPE MUD Cham Comp - dm 491

SAMPLES SAVED FROM 3100 TO R1D

DRILLING TIME KEPT FROM 2550 TO R1D

SAMPLES EXAMINED FROM 3100 TO R1D

GEOLOGICAL SUPERVISION FROM 2900 TO R1D

GEOLOGIST ON WELL Michael R. Kimmel

FORMATION TOPS LOG SAMPLES

1905 3200 = 1793 3268 = 1791

REMARKS

LEGEND

Anhydrite	Salt	Sandstone	Shale	Carb sh	Limestone	Coal/Lime	Chert	Dolomite

SCALE " = 100'

DEPTH	DRILLING TIME IN MINUTES PER FOOT Rate of Penetration Increases	LITHOLOGY	SAMPLE DESCRIPTIONS	REMARKS
2550				
60				
70				
80				
90				
2600				
10				
20				
30				
40				
50				
60				
70				
80				
90				
2700				
10				
20				
30				
40				
50				
60				
70				
80				
90				
2800				
10				
20				
30				
40				
50				
60				
70				
80				
90				
2900				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3000				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3100				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3200				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3268				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3300				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3400				
10				
20				
30				
40				
50				
60				
70				
80				
90				
3500				
10				
20				

COMPANY _____ ELEVATION: _____

LEASE _____

LOCATION _____ SEC _____ TWP _____ RNG _____

COUNTY _____ STATE _____

DRILLING TIME Minutes/Foot
Rate of Penetration Increases

LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS

LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS

LITHOLOGY

SAMPLE DESCRIPTIONS

REMARKS

LITHOLOGY

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