

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
--	---

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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
---	--	------------------------------------

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:	
----------------	-------	---------	------------	--

QUINQUE OPERATING COMPANY

WELL: SALLEY 3-33
LOCATION: SEC 33-33-33
COUNTY: SEWARD
STATE: KANSAS

DATE REPORTED ACTIVITY

Note: Last 72 hr SICP 9/89: 310#

- 10-23-89 MIRU Tom's Well Service - pulled rods & pump - pump unseated very hard - tagged TD at 6222' - (34' fillup from previous TD) - COOH w/tbg - WIH w/RBP, arrowset pkr, 198 jts tbg - set RBP at 6220' - pulled 2 jts & set pkr at 6152' - RU swab to test Basal Chester perms at 6203-6208' - swabbed 1 run - rec 4 BF - FL 5400' (tbg volume in hole) - 2nd run dry - SION - EDC \$3000
- 10-24-89 SITP 80# SICP 340# - WIH w/swab - FL 6150' - rec 1.5 BO - blew down casing - moved RBP to 6142' and set - pulled 9 jts and moved pkr to 5870' and set - RU swb to test Lower Morrow perms 5899-5907' - gassing steady up tubing approx 90 Mcfd rate - rec 0 fluid - 5 mins SITP 30#, 60 mins SITP 170#, 120 mins SICP 60# - moved RBP to 5875 and set - pulled 1 std and set pkr at 5807' - RU to test Upper Morrow perms 5851-5857' - gassing approx 75 Mcfd rate - rec 0 fluid - 5 mins SITP 20#, 60 mins SITP 120# - WIH w/3/4 rods - SDON - EDC \$1500 ETC \$4500
- 10-25-89 SITP 305# - Blew well down - laid down rods on Gilmore's Roustabouts' trailer - retrieved RBP & COOH w/RBP & pkr - RU Chapparral and set CIBP at 6170' - perf 5995-6025, 2 spf w/3" csg gun - WIH w/pkr & 190 jts tubing - swabbed well down - set pkr @ ^{5958 KE} acidize down tbg w/3000 gal 15% FE acid - broke at 1900# - Ave rate 5 BPM - Ave psi 850# - ISDP vac 96 BLTR - RU swab and swabbed 12 BF to tank - csg going on vac after swab SDON - DC \$5900 ETC - ETC \$10,400
- 10-26-89 SITP 500# SICP 1000# - flo test to tank after 2 hr FTP 50# FCP 400# - 60 sec SITP 225# (implied CAOF = 2.97 MMCFD) 10 a.m. stab 30# FTP 350# FCP - approx 1.5 MM/D rate w/oil RU Nichols to kill well to change tubing master valve and released pkr - pumped 24 bbl down csg & 8 bbl down tbg - changed valve & released pkr - well KO by itself - 30 mins FCP 400# FTP 10# - unloading to tank - rec 30 BLW in 2 hr - hooked to production equipment 4 p.m. - 5 p.m. selling 680 MCFD - FCP 435# FTP 395# 1/4" choke - est 90 BLTR 8 p.m. FTP 410# FCP 420# - EDC \$1500 - ETC \$11,900
- 10-27-89 7 a.m. FTP 350# FCP 380# - rec 5 BO 6 BW O.N. 84 BLTR - selling 550 MCFD - apparently stabilized - rel rig EDC \$400 - ETC \$12,300