KOLAR Document ID: 1484266

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:			est
Address 2:		Feet from North / South Line of Secti	ion
City: State	:++	Feet from _ East / _ West Line of Secti	ion
Contact Person:		Footages Calculated from Nearest Outside Section Corner:	
Phone: ()		□NE □NW □SE □SW	
CONTRACTOR: License #		GPS Location: Lat:, Long:	
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)	
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84	
Purchaser:		County:	—
Designate Type of Completion:		Lease Name: Well #:	
New Well Re-En	trv Workover	Field Name:	—
	_	Producing Formation:	
☐ Oil ☐ WSW ☐ DH ☐	_ SWD □ EOR	Elevation: Ground: Kelly Bushing:	_
	GSW	Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)	_ 46W	Amount of Surface Pipe Set and Cemented at: Fe	eet
	xpl., etc.):	Multiple Stage Cementing Collar Used? Yes No	
If Workover/Re-entry: Old Well Info a		If yes, show depth set: Fe	eet
Operator:		If Alternate II completion, cement circulated from:	
Well Name:		feet depth to:w/sx ci	mt.
Original Comp. Date:			
Deepening Re-perf.	Conv. to EOR Conv. to SWD Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)	
□ Oinded		Chloride content:ppm Fluid volume:bl	bls
_ •	ermit #:	Dewatering method used:	
	ermit #: ermit #:		
	ermit #:	Location of fluid disposal if hauled offsite:	
	ermit #:	Operator Name:	
		Lease Name: License #:	
Spud Date or Date Reache	ed TD Completion Date or	Quarter Sec TwpS. R	est
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:		epth Ty Bottom	pe of Cement	# Sacks Used	# Sacks Used Type and Percent Additives			
Protect Casii								
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>		
Estimated Production Oil Bbls. Per 24 Hours				Vater Bbls.		Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS: METHOD OF COMPLETION:					LETION:			ON INTERVAL:
			Open Hole		ually Comp. Commingled sbmit ACO-5) (Submit 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:				
. 5213 12.00 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion				
Operator	Shakespeare Oil Co., Inc.				
Well Name	STRICKERT ACCT III 10				
Doc ID	1484266				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	249	60/40 Poz		2% Gel, 3% CC
Production	7.875	5.5	14	4665	EA-2	150	n/a