

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 Recompletion Date \_\_\_\_\_ 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) (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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810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**

Ticket No. **3698**  
 Foreman Rick Ledford  
 Camp Eureka 115

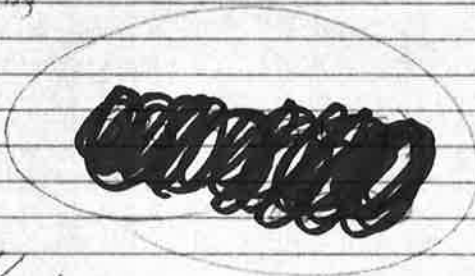
15-207-29520

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
12-22-17	1003	Label "37"	23	26S	14E	Wagon	KS
Customer			Unit #	Driver		Unit #	Driver
Mailing Address			104	Alan M.			
City			110	Steve M.			
State							
Zip Code							
Safety Meeting							
PL							
AM							
SM							

Job Type 1/5 Hole Depth 1322' Slurry Vol. 51 bbl Tubing \_\_\_\_\_  
 Casing Depth 1300' Hole Size 6 3/4" Slurry Wt. 13.2" Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" 11.60" Cement Left in Casing 4' 57" Water Gal/SK 9.0 Other \_\_\_\_\_  
 Displacement 21.7 bbl Displacement PSI 750 Bump Plug to 1250 BPM \_\_\_\_\_

Remarks: Safety meeting - Rig up to 4 1/2" casing. Great circulation w/ fresh water. Pump 6 sacs gel-flush w/ bulls, 5 sac water spacer. Mixed 165 sacs thixot cement w/ 2" phenolal /su @ 13.2"/gal. Washout pump & line, release 4 1/2" plug. Displace w/ 21.7 sac fresh water. Final pump pressure 750 PSI. Dump plug to 1250 PSI. release pressure, float & plug held. Good cement returns to surface = 5 bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge		
C107	25	Mileage		
C201	165 sacs	thixot cement		
C203	330"	2" phenolal /su		
C206	300"	gel-flush		
C214	40"	bulls		
C103A	9.00	top mileage bulk tree		
C403	1	4 1/2" top water plug		
				
			Subtotal	
			Sales Tax	
Authorization <u>R. R. [Signature]</u> Title _____			Total	

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Mud Rotary Drilling  
Andrew King - Manager/Driller

**Bar Drilling, LLC**  
Phone: (719) 210-8806

1317 105th Rd.  
Yates Center, KS 66783

<b>Company/Operator</b> Colt Energy Inc. P.O. Box 388 Iola, KS 66749	<b>Well No.</b> 37	<b>Lease Name</b> Lauber	<b>Well Location</b> 2051' fnl, 1876' fsl				<b>1/4</b>	<b>1/4</b>	<b>1/4</b> SE	<b>Sec.</b> 23	<b>Twp.</b> 26s	<b>Rge.</b> 14e
	<b>Well API #</b> 15-207-29520		<b>Type/Well</b> Oil	<b>County</b> Woodson			<b>State</b> KS	<b>Total Depth</b> 1378		<b>Date Started</b> 12/18/2017	<b>Date Completed</b> 12/21/2017	
<b>Job/Project Name/No.</b>	<b>Surface Record</b>		<b>Bit Record</b>				<b>Coring Record</b>					
			<b>Type</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>Core #</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>% Rec.</b>	
<b>Driller/Crew</b>	<b>Bit Size:</b>	11 1/4	PDC	11 1/4	0'	40'	1	3"	1220	1249	100	
Andy King	<b>Casing Size:</b>	8 5/8	PDC	6 3/4	40'	1378	2	3"	1249	1276	100	
Charles King	<b>Casing Length:</b>	40'										
	<b>Cement Used:</b>	14sx										
	<b>Cement Type:</b>	Portland										

**Formation Record**

From	To	Formation	From	To	Formation	From	To	Formation
0	27	overburden						
27	181	shale						
181	458	lansing lime						
458	524	shale						
524	712	KC lime						
712	799	shale						
799	804	lime						
804	831	shale						
831	843	lime						
843	948	sandy shale						
948	959	lime						
959	992	shale						
992	1021	lime						
1021	1043	shale						
1043	1060	sq. sand						
1060	1220	sandy shale						
1220	1249	Core #1						
1249	1276	core #2						
1276	1286	sand oil show (cir)						
1286	1296	sandy shale(cir)						
1296	1377	sandy shale						
1377	1378	Miss Lime						

**Well Notes:**  
RAN 1369.23' OF 4 1/2" CASING