

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 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)</i> <i>(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:	
----------------	-------	---------	------------	--

Pro-Stim Chemicals LLC

Acidizing Report

Date 1-7-20

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>1A18</u>	
Well Name & Number <u>Besparat 33-1</u>			Formation <u></u>		
County <u>Rush</u>		State <u>KS</u>	Interval <u>3810 - open hole</u>		
Well Type: Completion <input type="checkbox"/> Recompletion <input type="checkbox"/> Workover <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Disposal <input type="checkbox"/> Perf <input type="checkbox"/> Other					
Job Pumped Via: Tubing <input checked="" type="checkbox"/>		Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>
Casing Size: <u>4 1/2</u>				GRD	WT
Casing Vol. <u>.6</u>		Tbg Vol <u>14.7</u>	Ann Vol	OH Vol	Total Displacement <u>15.3</u>
Depth		Tubing Size: <u>2 3/8</u>		Plug Depth	
Packer Depth <u>3775</u>					

Customer Representative Signature 500 gal NEFE 15% Acid, 50 gal RAS-92, 50 gal XYTOL; 20 gal RASE-31; Treatment Record 20 bbls 2% KCL Biocide

Observations/Descriptions	Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
<u>Start Acid</u>	<u>1</u>	<u>Acid</u>					
<u>Acid off truck</u>	<u>4</u>	<u>Acid</u>	<u>3.0</u>		<u>12</u>	<u>0</u>	
<u>hole loaded</u>	<u>5</u>	<u>Flush</u>	<u>0</u>		<u>14.2</u>	<u>20</u>	
<u>start staging</u>	<u>8</u>	<u>Flush</u>	<u>0</u>		<u>14.5</u>	<u>500</u>	
	<u>41</u>	<u>Flush</u>	<u>0</u>		<u>16.8</u>	<u>900</u>	
	<u>82</u>	<u>Flush</u>	<u>0</u>		<u>21.3</u>	<u>1280</u>	
<u>max pressure</u>	<u>105</u>	<u>Flush</u>	<u>0</u>		<u>24</u>	<u>1350</u>	
	<u>124</u>	<u>Flush</u>	<u>0</u>		<u>26.3</u>	<u>1290</u>	
<u>Total load</u>	<u>134</u>	<u>Flush</u>	<u>0</u>		<u>27.3</u>	<u>1260</u>	
<u>staged in whole way.</u>							

Shannon M.

Directions	Product		Product		Product	
	Qty	Product	Qty	Product	Qty	Product
<u>500 gal 15% pad Acid</u>						
<u>20 Bush 2% KCL</u>						
Operator Name:						
Unit #:						
Hours:						

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>0</u>	Total Injected	H2O <u>15.3</u>	Acid <u>12</u>	Oil
Treating Prs	Max <u>1300</u>	Final <u>1260</u>	Avg	ISIP <u>1250</u>	5'SI <u>790</u>
					10'SI <u>620</u>
					15'SI <u>500</u>
UAR-1					20
					25
					30

Pro-Stim Chemicals LLC

Acidizing Report

Date 1-9-20

Customer	<u>Grand Mesa</u>	Pro-Stim Chemical Yard	<u>Dighton</u>	Pro-Stim Number	<u>A 18</u>
Well Name & Number	<u>Besperat 33-1</u>	Formation			
County	<u>Rush</u>	State	<u>KS</u>	Interval	<u>3810 - open hole</u>
Well Type:	Completion <input type="checkbox"/>	Recompletion <input type="checkbox"/>	Workover <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>
	Water <input type="checkbox"/>	Disposal <input type="checkbox"/>	Perf <input type="checkbox"/>	OH <input checked="" type="checkbox"/>	
Job Pumped Via:	Tubing <input checked="" type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>
	Plug Depth	Packer Depth			
Casing Size:	<u>4 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 3/8</u>
	Spot				
Casing Vol.	<u>.6</u>	Tbg Vol	<u>14.7</u>	Ann Vol	OH Vol
					Total Displacement <u>15.3</u>

Customer Representative Signature 1,000 gals 15% NEFE acid; 10 gals RAS-92; 100 gals XYTOL;
4 gals BASE-31; Treatment Record 20 bbls 2% KCL Biocide.

Observations/Descriptions	Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure	
						Tubing	Casing
<u>Start Acid</u>	<u>1</u>	<u>Acid</u>	<u>3.0</u>				
<u>Loaded into</u>	<u>5</u>	<u>Acid</u>	<u>0.7</u>		<u>17</u>	<u>0</u>	
	<u>10</u>	<u>Acid</u>	<u>.5</u>		<u>18.3</u>	<u>200</u>	
<u>Acid off track</u>	<u>23</u>	<u>Acid</u>	<u>.4</u>		<u>24</u>	<u>890</u>	
<u>1/2 Acid out form.</u>	<u>32</u>	<u>Flush</u>	<u>.4</u>		<u>27.3</u>	<u>950</u>	
<u>21 Acid out</u>	<u>51</u>	<u>Flush</u>	<u>.4</u>		<u>35.3</u>	<u>970</u>	
<u>Total load</u>	<u>61</u>	<u>Flush</u>	<u>.4</u>		<u>39.3</u>	<u>990</u>	

Shannon M.

Directions	Product	Qty	Product	Qty	Product	Qty
<u>1000 gal 15% prod Acid</u>						
<u>20 bbls 2% KCL</u>						
Operator Name:						
Unit #:						
Hours:						

Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>.4</u>	Total Injected			H2O <u>15.3</u>	Acid <u>24</u>	Oil
Treating Prs	Max <u>990</u>	Final <u>990</u>	Avg <u>950</u>	ISIP <u>990</u>	5'SI <u>590</u>	10'SI <u>430</u>	15'SI <u>320</u>
UAR-1					20	25	30 <u>110</u>

49 min VAC