

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)</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:	
----------------	-------	---------	------------	--



4520 State Hwy 136, Amarillo, TX 79108-7617 • tel. 806-383-5047 • fax 806-383-1716

Deep Well GroundBed Data:		Date: 09/24/20	
Job Number:	SST06-2020-KS	Drilling Contractor:	MCLEANS CP INSTALLATION, INC.
Company Name:	SOUTHERN STAR CENTRAL GAS PL	Facility/Line:	RECT 352
Subject:	DEEP WELL	State:	KS
Well Depth:	340'	County:	LYON
Diameter:	10"	Other-Driller:	TR
Casing:	100' OF 10"	Drilling Method:	MUD
Type of Backfill:	SC2	Base Useable Water:	N/A
Anode Type:	1 SET OF 20 ANOTECH 2684		
GPS:	N38.360185, W96.207774	TEST VOLTS:	11.54
Remarks:			

Drilling Log			Electrical Log			Anode Log		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Volt	Anode Depth	Anode #	Volt	Anode Depth	Anode #
0'	CLAY	CASING						
5'	CLAY	CASING						
10'	CLAY	CASING						
15'	CLAY	CASING						
20	CLAY	CASING						
25	CLAY	CASING						
30	SHALE	CASING						
35	SHALE	CASING						
40	SHALE	CASING						
45	SHALE	CASING						
50	SHALE	CASING						
55	SHALE	CASING						
60	SHALE	CASING						
65	SHALE	CASING						
70	SHALE	CASING						
75	SHALE	CASING						
80	SHALE	CASING						
85	SHALE	CASING						
90	SHALE	CASING/HOLEPLUG						
95	SHALE	CASING/HOLEPLUG						
100	SHALE	CASING/HOLEPLUG						
105	SHALE	HOLEPLUG						
110	SHALE	COKE						
115	SHALE	COKE						
120	SHALE	COKE	1.6					
125	SHALE	COKE						
130	SHALE	COKE	1.6					
135	SHALE	COKE						
140	SHALE	COKE	1.6					
145	SHALE	COKE			20			
150	SHALE	COKE	1.6					
155	SHALE	COKE			19			
160	SHALE	COKE	1.8					
165	SHALE	COKE			18			
170	SHALE	COKE	2.0					
175	SHALE	COKE			17			
180	SHALE	COKE	2.0					
185	SHALE	COKE			16			
190	SHALE	COKE	1.8					
195	SHALE	COKE			15			
200	SHALE	COKE	1.8					
205	SHALE	COKE			14			
210	SHALE	COKE	1.7					
215	SHALE	COKE			13			
220	SHALE	COKE	1.8					
225	SHALE	COKE			12			
230	SHALE	COKE	1.6					
235	SHALE	COKE			11			
240	SHALE	COKE	1.6					
245	SHALE	COKE			10			
250	SHALE	COKE	1.6					



4520 State Hwy 136, Amarillo, TX 79108-7617 • tel. 806-383-5047 • fax 806-383-1716

Deep Well GroundBed Data		Date:	09/24/20
Job Number:	SST06-2020-KS	Drilling Contractor:	MCLEANS CP INSTALLATION, INC.
Company Name:	SOUTHERN STAR CENTRAL GAS PL	Facility/Line:	RECT 352
Subject:	DEEP WELL	State:	KS
Well Depth:	340'	County:	LYON
Diameter:	10"	Other-Driller:	TR
Casing:	100' OF 10"	Drilling Method:	MUD
Type of Backfill:	SC2	Base Useable Water:	N/A
Anode Type:	1 SET OF 20 ANOTECH 2684		
GPS:	N38.360185, W96.207774	TEST VOLTS:	11.54
Remarks:			

Drilling Log			Electrical Log			Anode Log		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Volt	Anode Depth	Anode #	Volt	Anode Depth	Anode #
255	SHALE	COKE			9			
260	SHALE	COKE	2.0					
265	SHALE	COKE			8			
270	SHALE	COKE	1.6					
275	SHALE	COKE			7			
280	SHALE	COKE	1.6					
285	SHALE	COKE			6			
290	SHALE	COKE	1.8					
295	SHALE	COKE			5			
300	SHALE	COKE	1.8					
305	SHALE	COKE			4			
310	SHALE	COKE	2.1					
315	SHALE	COKE			3			
320	SHALE	COKE	2.0					
325	SHALE	COKE			2			
330	SHALE	COKE	1.8					
335	SHALE	COKE			1			
340	SHALE	COKE	1.6					

BELOW GROUND COMPLETION

Well Name: RECTIFIER 352
County: LYON

