

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
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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)</i> <i>(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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The Loftis Company
PO Box 7847 Midland TX 79708
432-682-8343
Cathodic Protection Since 1952

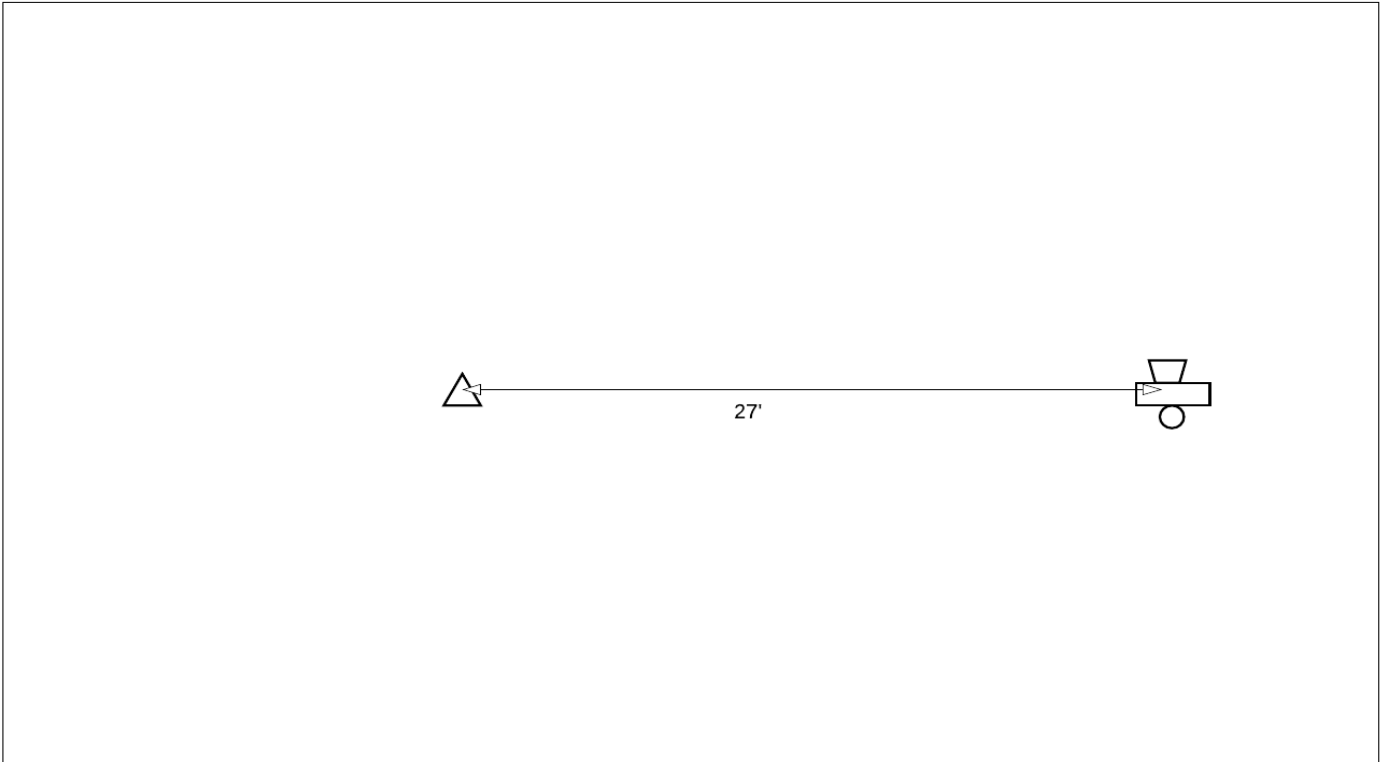
Drilling Log

COMPANY	DCP Midstream	TOTAL DEPTH	300"	CASING SIZE	10"
LOCATION	Off South Rd. O, Ulysses	HOLE SIZE	9 7/8"	CASING LENGTH	20'
COUNTY	Grant	STATE	KS	CASING TYPE	Sch 40 PVC
UNIT NO.	Grant County CP Unit	NO. of ANODES	15	DATE	8/19/2020
PO	FSP01-0000545586	ANODE TYPE	Silicon Iron	OTHER	

Depth	Formation	Amps	Depth	Formation	Amps	Anode	Depth	Before Coke	After Coke
5	Top Soil		295			1	270	2.0	3.9
10	Brown Clay		300			2	260	2.7	4.5
15			305			3	250	3.6	10.1
20			310			4	240	3.6	10.1
25	Sand		315			5	230	3.7	13.1
30			320			6	220	3.8	15.7
35			325			7	210	3.3	15.7
40	Brown Clay		330			8	200	3.3	14.7
45			335			9	190	3.4	13.5
50			340			10	180	3.7	15.3
55			345			11	170	4.5	15.4
60			350			12	160	3.5	14.0
65			355			13	150	2.9	10.9
70			360			14	140	3.3	10.2
75			365			15	130	3.6	6.3
80			370			16			
85			375			17			
90			380			18			
95			385			19			
100		3.1	390			20			
105			395			21			
110		3.2	400			22			
115			405			23			
120		3.2	410			24			
125			415			25			
130		3.0	420			26			
135			425			27			
140		2.7	430			28			
145			435			29			
150		3.3	440			30			
155			445						
160	Brown Clay	3.3	450						
165			455						
170		3.3	460						
175			465						
180		3.3	470						
185			475						
190		3.2	480						
195			485						
200		3.1	490						
205			495						
210		3.8	500						
215			505						
220		3.5	510						
225			515						
230		3.8	520						
235			525						
240		2.5	530						
245			535						
250		2.5	540						
255			545						
260	Brown Shale	2.5	550						
265			555						
270		2.0	560						
275			565						
280			570						
285			575						
290	(TD @ 290')		580						

Logging Volts:	14.14
Total Amps:	48.1
Circle all that apply:	
Vacuum Truck	
Portable Pit	
Dug Pit	****
Rectifier	
Pole/Meter Loop	
Hydrovac	
Negative	
Guard	
Job #	M2419

The Loftis Company
P.O. Box 7847
Midland, Texas 79708
432-682-8343



LEGEND	
Groundbed	
Old Groundbed	
Rectifier	
Power Pole	
Junction Box	
Negative Cadweld	

Cathodic Protection Installation

CUSTOMER: DCP Midstream		PO FSP01-0000545586
LOCATION: Grant County CP Unit, Off South Rd O, Ulysses, Grant Co., KS		
DATE DRILLED: 8/17/2020		DATE COMPLETED: 8/19/2020
DRAWN BY: JM	APPROVED BY: MFL	JOB# M2419