KOLAR Document ID: 1532915

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)	_	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:					

KOLAR Document ID: 1532915

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			n (Top), Depth and Datum		Sample
Samples Sent to G	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 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 COM					LETION:			ON INTERVAL:
			Open Hole		ually Comp. Commingled ubmit 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, Cementing Squeeze Record (Amount and Kind of Material Used)			Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion				
Operator	Packard, Lynn				
Well Name	PACKARD 3-22				
Doc ID	1532915				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.5	8.63	24	224	60-40 poz	175	celloflake