

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) (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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Form	ACO1 - Well Completion
Operator	Southern Star Central Gas Pipeline, Inc.
Well Name	RECT 895 01
Doc ID	1533998

Tops

Name	Top	Datum
TOPSOIL	0	9
CLAY	10	19
SAND	20	29
SANDY CLAY	30	49
SAND	50	64
SANDY GRAVEL	65	79
SANDY CLAY	80	94
SAND	5	129
SANDY GRAVEL	130	179
SAND	180	199
SANDY GRAVEL200	200	300





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

<b>Deep Well GroundBed Data:</b>		<b>Date:</b> 10/06/20	
Job Number:	SST04-2020-KS	Drilling Contractor:	MCLEANS CP INSTALLATION, INC.
Company Name:	SOUTHERN STAR CENTRAL GAS PL	Facility/Line:	RECT 895 - C62577
Subject:	DEEP WELL	State:	KS
Well Depth:	300'	County:	HASKELL
Diameter:	10"	Other-Driller:	TR
Casing:	20' OF 10"	Drilling Method:	MUD
Type of Backfill:	SC2	Base Useable Water:	N/A
Anode Type:	1 SET OF 20 ANOTECH 2684		
GPS:	N37.564476, W100.816551	<b>TEST VOLTS:</b>	N/A
Remarks:			

<b>Drilling Log</b>			<b>Electrical Log</b>			<b>Anode Log</b>		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Volts	Anode Depth	Anode #	Volts	Anode Depth	Anode #
0'	TOPSOIL	CASING/HOLEPLUG						
5'	TOPSOIL	CASING/HOLEPLUG						
10'	CLAY	CASING/HOLEPLUG						
15'	CLAY	CASING/HOLEPLUG						
20'	SAND	CASING/HOLEPLUG						
25'	SAND	HOLEPLUG						
30'	SANDY CLAY	HOLEPLUG						
35'	SANDY CLAY	HOLEPLUG						
40'	SANDY CLAY	HOLEPLUG						
45'	SANDY CLAY	HOLEPLUG						
50'	SAND	HOLEPLUG						
55'	SAND	HOLEPLUG						
60'	SAND	HOLEPLUG						
65'	SANDY GRAVEL	COKE						
70'	SANDY GRAVEL	COKE						
75'	SANDY GRAVEL	COKE						
80'	SANDY CLAY	COKE						
85'	SANDY CLAY	COKE						
90'	SANDY CLAY	COKE						
95'	SAND	COKE						
100'	SAND	COKE						
105'	SAND	COKE			20			
110'	SAND	COKE						
115'	SAND	COKE			19			
120'	SAND	COKE						
125'	SAND	COKE			18			
130'	SANDY GRAVEL	COKE						
135'	SANDY GRAVEL	COKE			17			
140'	SANDY GRAVEL	COKE						
145'	SANDY GRAVEL	COKE			16			
150'	SANDY GRAVEL	COKE						
155'	SANDY GRAVEL	COKE			15			
160'	SANDY GRAVEL	COKE						
165'	SANDY GRAVEL	COKE			14			
170'	SANDY GRAVEL	COKE						
175'	SANDY GRAVEL	COKE			13			
180'	SAND	COKE						
185'	SAND	COKE			12			
190'	SAND	COKE						
195'	SAND	COKE			11			
200'	SANDY GRAVEL	COKE						
205'	SANDY GRAVEL	COKE			10			
210'	SANDY GRAVEL	COKE						
215'	SANDY GRAVEL	COKE			9			
220'	SANDY GRAVEL	COKE						
225'	SANDY GRAVEL	COKE			8			
230'	SANDY GRAVEL	COKE						
235'	SANDY GRAVEL	COKE			7			
240'	SANDY GRAVEL	COKE						
245'	SANDY GRAVEL	COKE			6			
250'	SANDY GRAVEL	COKE						



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Anode Type:	<b>1 SET OF 20 ANOTECH 2684</b>		
GPS:	<b>N37.564476, W100.816551</b>	<b>TEST VOLTS:</b>	<b>N/A</b>
Remarks:			

<b>Drilling Log</b>			<b>Electrical Log</b>			<b>Anode Log</b>		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Volt	Anode Depth	Anode #	Volt	Anode Depth	Anode #
255	SANDY GRAVEL	COKE			5			
260	SANDY GRAVEL	COKE						
265	SANDY GRAVEL	COKE			4			
270	SANDY GRAVEL	COKE						
275	SANDY GRAVEL	COKE			3			
280	SANDY GRAVEL	COKE						
285	SANDY GRAVEL	COKE			2			
290	SANDY GRAVEL	COKE						
295	SANDY GRAVEL	COKE			1			
300	SANDY GRAVEL	COKE						

**BELOW GROUND COMPLETION**

**Well Name: RECT 895**  
**County: HASKELL**

