KOLAR Document ID: 1534386

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:	SecTwpS. R East _ West
Address 2:	Feet from  North / South Line of Section
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	County:
Purchaser:	·
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
☐ Oil     ☐ WSW     ☐ SWD       ☐ Gas     ☐ DH     ☐ EOR       ☐ OG     ☐ GSW	Producing Formation: Kelly Bushing:   Elevation: Ground: Kelly Bushing:   Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
□ Deepening       □ Re-perf.       □ Conv. to EOR       □ Conv. to SWD         □ Plug Back       □ Liner       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec.         TwpS. 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 Approved by: Date:					

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo		# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Purpose:  Perforate Protect Casing Plug Back TD		Type of Cement		# Sauks Useu		Type and Percent Additives				
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping  Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:							N INTERVAL:		
Vented Sold Used on Lease						Oually Comp. Commingled  ubmit ACO-5) (Submit ACO-4)		-	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	nit ACO-4)		
Shots Per Foot	Perforation Top			Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)				Record	
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion				
Operator	Cholla Production, LLC				
Well Name	PENNEY 1-14-15-20				
Doc ID	1534386				

## Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugTyp e	BridgePlugSet At	Material Record
	3639	3648			150 gal 15%
			CIBP Cast Iron Bridge Plug	3610	2 sx cement on top of CIBP
4	3526	3529			600 gal 15% HCL, FFE, MCA
4	3498	3503			300 gal 15% HCL, FFE, MCA
4	3421	3424			300 gal 15% HCL, FFE, MCA
4	3409	3413			300 gal 15% HCL, FFE, MCA

Form	ACO1 - Well Completion				
Operator	Cholla Production, LLC				
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## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	221	80/20 poz		3% cc/2% gel
Production	7.875	5.5	15.5	3765	Q Pro C	155	10% salt/5% gilsonite