

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 Recompletion Date \_\_\_\_\_ 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	Vulcan Resources, LLC
Well Name	HATCH 5
Doc ID	1427464

All Electric Logs Run

Dual Induction
Gamma Ray
Neutron
Cement Bond
Completion Log



810 E 7TH  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **4085**  
 Foreman *Kevin McCoy*  
 Camp *EUREKA*

\*  
 API 15-031-24330-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
8-24-18	1288	Hatch # <del>105</del> 5	2	22S	13E	Coffey	Ks
Customer	Mailing Address		City	State	Zip Code	Safety Meeting	Unit #
Vulcan Resources, LLC	1102 N. Lenapah Ave		SKIATOOK	OK	74070	Unit #	Driver
						105	DAVE G.
						110	JASON H.
						113	Zevi A
						141	Allen B
						145	AIAN M

Job Type Longstring Hole Depth 1600' Slurry Vol. 24 BBL Lead 33 BBL TAIL Tubing \_\_\_\_\_  
 Casing Depth 1580' Hole Size 6 3/4" Slurry Wt. 12.8\* - 13.7\* Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2" 11.60\* Cement Left in Casing 0' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 25 BBL Displacement PSI 700 Bump Plug to 1100 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ 10 BBL fresh water. Mixed 80 SKS 60/40 Pozmix Cement w/ 6% Gel, 2\* PhenoSeal/sk @ 12.8\*/gal, yield 1.68 = 24 BBL slurry. Tail in w/ 100 SKS Thick Set Cement w/ 2\* PhenoSeal/sk @ 13.7\*/gal, yield 1.85 = 33 BBL slurry. Wash out pump & lines. Shut down. Release plug. Displace plug to seat w/ 25 BBL fresh water. Final pumping pressure 700 PSI. Bump plug to 1100 PSI. Wait 2 mins. Release pressure. Float held. Shut in @ 0 PSI. Good cement returns to surface = 10 BBL slurry to pit. Job complete, rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1100.00	1100.00
C 107	35	Mileage	4.20	147.00
C 203	80 SKS	60/40 Pozmix Cement	13.40	1072.00
C 206	410 *	Gel 6%	.21	86.10
C 208	160 *	PhenoSeal 2*/sk	1.30	208.00
C 201	100 SKS	THICK SET CEMENT	20.50	2050.00
C 208	200 *	PhenoSeal 2*/sk	1.30	260.00
C 108 A	8.94 TONS	TON Mileage BULK TRUCKS x 2	M/c x 2	730.00
C 113	2.5 HRS	80 BBL VAC TRUCK	90.00	225.00
C 113	2.5 HRS	80 BBL VAC TRUCK	90.00	225.00
C 224	4500 gals	CITY WATER	10.00/1000	45.00
C 653	1	4 1/2 FLAPPER VALVE FLOAT SHOE	251.00	251.00
C 420	1	4 1/2 LATCH DOWN PLUG	210.00	210.00
			Sub Total	6609.10
			Less 5%	344.05
			Sales Tax 6.5%	271.84
Authorization <i>[Signature]</i>	Title			Total
				6536.89

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



<b>Company/Operator</b> Vulcan Resources, LLC 1102 N Lenapah Ave Skiatook, OK 74070		<b>Well No.</b> 5	<b>Lease Name</b> Hatch	<b>Well Location</b> 4135' fsl, 1290' fel	<b>1/4 SW</b>	<b>1/4 SW</b>	<b>1/4 NE</b>	<b>Sec.</b> 2	<b>Twp.</b> 22	<b>Rge,</b> 13	
<b>Well API #</b> 15-031-24334		<b>Type/Well</b> Oil	<b>County</b> Coffey	<b>State</b> KS	<b>Total Depth</b> 1600	<b>Date Started</b> 8/21/2018	<b>Date Completed</b> 8/24/2018				
<b>Job/Project Name/No.</b>		<b>Surface Record</b>		<b>Bit Record</b>				<b>Coring Record</b>			
<b>Driller/Crew</b>	<b>Bit Size:</b>	<b>Type</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>Core #</b>	<b>Size</b>	<b>From</b>	<b>To</b>	<b>% Rec.</b>	
Andy King	11 1/4	PDC	11 1/4								
	<b>Casing Size:</b>	<b>PDC</b>	<b>6 3/4</b>								
	<b>Casing Length:</b>	<b>40'</b>									
	<b>Cement Used:</b>	<b>15sx</b>									
	<b>Cement Type:</b>	<b>Portland</b>									

**Formation Record**

<b>From</b>	<b>To</b>	<b>Formation</b>	<b>From</b>	<b>To</b>	<b>Formation</b>	<b>From</b>	<b>To</b>	<b>Formation</b>
0	24	Overburden	961	1002	shale			
24	68	lime	1002	1133	lime			
68	109	shale	1133	1306	shale			
109	117	lime	1306	1317	lime			
117	142	shale	1317	1360	shale			
142	147	lime	1360	1366	lime			
147	156	shale	1366	1382	shale			
156	167	lime	1382	1386	lime			
167	178	shale	1386	1391	shale			
178	182	lime	1391	1421	lime			
182	198	shale	1421	1425	shale			
198	207	lime	1425	1432	oil sand			
207	232	shale	1432	1486	shale			
232	236	lime	1486	1503	oil sand good bleed			
236	325	shale	1503	1519	oil sand (best bleed)			
325	335	lime	1519	1600	shale			
335	349	shale						
349	406	lime						
406	604	shale						
604	611	lime						
611	637	shale						
637	644	lime						
644	700	sandy shale						
700	961	lime						

**Well Notes:**

ran 1580' 4 1/2" casing