

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 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

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	Ramshorn Resources, LLC
Well Name	OSAGE HC1
Doc ID	1432351

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Conductor	24	20	90	52	redi-mix	20	none
Surface	17.25	13.375	54.5	204	Pozmix	250	none
Intermediate	8.75	7	26	5410	class a	115	none
Liner	6.125	4.5	11.6	9537	class a	570	none

**HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE**



<b>Last Fracture Date:</b>	9/27/2018
<b>County:</b>	Barber
<b>API Number (14 Digits):</b>	15-007-23931-01-01
<b>Operator Name:</b>	Ramshorn Resources
<b>Well Name and Number:</b>	Osage HC-1
<b>Latitude:</b>	37.143509
<b>Longitude:</b>	-98.893841
<b>Datum:</b>	WGS84
<b>Production Type:</b>	Oil and Gas
<b>True Vertical Depth (TVD):</b>	5216
<b>Total Base Fluid Volume (gal)*:</b>	210462

**Hydraulic Fracturing Fluid Composition:**

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
Acid	QES Pressure	15% Acid	Hydrogen Chloride	7647-01-0	0.8980%		
CIA-1	QES Pressure	Corrosion Inhibitor	Proprietary Mixture	Multiple	0.0019%		Kevin Peoples; kevin.peoples@qesinc.com; 580-795-4188
1C-1L	QES Pressure	Iron Control	Citric Acid	77-92-9	0.0038%		
MaxSurf	QES Pressure	Surfactant	Proprietary Mixture	Multiple	0.2328%		Kevin Peoples; kevin.peoples@qesinc.com; 580-795-4188
FR-1	QES Pressure	Friction Reducer	Proprietary Mixture	Multiple	0.0737%		Kevin Peoples; kevin.peoples@qesinc.com; 580-795-4188
BIO-2L	QES Pressure	Liquid Biocide	Tetrakis (Hydroxymethyl) Phosphonium	55566-30-8	0.0171%		

Ingredients shown above are subject to 29 CFR 1910.1200(i) and appear on Material Safety Data Sheets (MSDS). Ingredients shown below are Non-MSDS.

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS#)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address and Phone Number
Sand	QES Pressure	Proppant	Crystalline Silica	14808-60-7/238-878-4		1.2500%	

\*Total Water Volume sources may include fresh water, produced water, and/or recycled water. \*\*Information is based on the maximum potential for concentration and thus the total may be over 100%.  
 Ingredient information for chemicals subject to 29 CFR 1910.1200(i) and Appendix D are obtained from suppliers' Material Safety Data Sheets (MSDS).

Customer <b>OSAGE RES., LLC</b>	Lease No.	Date <b>9-7-2012</b>
Lease <b>OSAGE</b>	Well # <b>HC-1</b>	
Field Order # <b>06875</b>	Station <b>PRATT KS.</b>	Casing <b>13 3/8"</b>
		Depth
Type Job <b>CNW-13 3/8" SURFACE</b>	Formation <b>TD-205'</b>	County <b>BARBER</b>
		State <b>KS.</b>
		Legal Description <b>23-33-15</b>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size <b>13 3/8" x 54.5"</b>	Tubing Size <b>54.5"</b>	Shots/Ft <b>CMT-</b>	Acid <b>250SK COMMON</b>	Pre Pad <b>(2) 1.20CUFT<sup>3</sup></b>	RATE	PRESS	ISIP	
Depth <b>200'</b>	Depth	From	To	Pad	Max		5 Min.	
Volume <b>30.9 BBL</b>	Volume	From	To	Frac	Min		10 Min.	
Max Press <b>500</b>	Max Press	From	To	Flush <b>28 BBL</b>	Avg		15 Min.	
Well Connection <b>S.V.</b>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <b>180'</b>	Packer Depth	From	To		Gas Volume		Total Load	

Customer Representative <b>JEFF DALE</b>	Station Manager <b>D. SCOTT</b>	Treater <b>K. LESLEY</b>
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Service Units <b>37586</b>	<b>19889</b>	<b>19843</b>	<b>19831</b>	<b>19862</b>					
Driver Names <b>LESLEY</b>	<b>MARQUEZ</b>	<b>—</b>	<b>NELSON</b>	<b>—</b>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:30AM					ON LOCATION - SAFETY MEETING
8:40AM					RUN 5ITS. 13 3/8" x 54.5" CSG.
9:45AM					CSG. ON BOTTOM
9:56AM					HOOUP TO CSG. / BREAK CIRC. W/RIG
10:20AM	75		5	6	H <sub>2</sub> O AHEAD
10:28AM	50		53	6	MIX 250SKS. COMMON @ 15.6 PPG
10:31AM	0		0	4	START DISPLACEMENT
10:40AM	100		28	3	CMT. @ DESIRED DEPTH
					CIRC. THRU KB
					CIRC. 15 BBL TO PIT
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY

Customer OSAGE Resources	Lease No.	Date 9-22-11	
Lease OSAGE	Well # HCL		
Field Order # 6691	Station Pratt	Casing 7"	Depth 5411
Type Job C.N.W. - 7" L.S.		Formation	County Barber
			State KS
			Legal Description 25-33-15

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 7"	Tubing Size 5 1/2"	Shots/Ft	1155k	Acid AA2 1.430.10	RATE	PRESS	ISIP	
Depth 5411	Depth	From	To 10205	Pre Pad 570 CFR	Max		5 Min.	
Volume 1071	Volume	From	To 8205	Pad A-322 1/4" cell 1/4" Ke	Min		10 Min.	
Max Press 1500	Max Press	From	To 2520	Frac 130 Summer	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 270	Packer Depth	From	To	Flush 205	Gas Volume		Total Load	

Customer Representative	Station Manager Dave Scott	Treater Steve Orlando
Service Units 27285 27463 19824 19860		
Driver Names Orlando Medina Lawrence		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:35 AM					On location - Safety Meeting
					Coning on Bottom - Circulation/R
	300		12	6	MUD Flow
	300		5	6	1120 Spacer
	250		29	6	Mix 1155k AA2 cement @ 15#/cu
					Shut Down (low pump rate)
					Release plug
	0	0	0	6	Shut H <sub>2</sub> O Displacement
	500		185	6	H <sub>2</sub> O pressure
	300		195	5	Slow Rate
7:30 AM	1500		205	4	Plug Down
					Job Complete
					Thanks Steve

Customer <i>Osage Resources</i>	Lease No.	Date <i>10-1-13</i>	
Lease <i>OSAGE</i>	Well # <i>HCI</i>		
Field Order # <i>6698</i>	Station <i>Piati</i>	Casing	Depth
Type Job <i>CNW-41' Sol. hanger</i>	Formation	County <i>Baker</i>	State <i>KS</i>
		Legal Description <i>25-33-15</i>	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	<i>Concent</i>	Acid <i>40% Searinger</i>	RATE	PRESS	ISIP	
Depth	Depth	From	To	Pre Pad <i>530 Premium Cement</i>	Max		5 Min.	
Volume	Volume	From	To	Pad <i>1090 Salt</i>	Min		10 Min.	
Max Press	Max Press	From	To <i>7420</i>	Frac <i>Water 420</i>	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To <i>71090</i>	<i>WCA</i>	HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush <i>1175</i>	Gas Volume		Total Load	

Customer Representative <i>Scott</i>	Station Manager <i>Dave Scott</i>	Treater <i>Steve Orlando</i>
Service Units <i>27223 33708/20500</i>	<i>19826/19860</i>	<i>30464 37724 19907</i>
Driver Names <i>Orlando Nelson</i>	<i>Lawrence</i>	<i>Caleb Gordy</i>

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	(L/B)	Service Log
<i>3:00 AM</i>						<i>On location - Safety Meeting</i>
						<i>Pressure Test Line to 4000'</i>
						<i>T.D. 9605' 4430' - 4 1/2" 11.6"</i>
						<i>4 1/2" - 9537' 3750' - 4 1/2" DP 11"</i>
						<i>Hanger - 5099' 1030 HW DP</i>
	<i>500</i>		<i>12</i>	<i>5 1/2</i>		<i>mud flush</i>
	<i>500</i>		<i>5</i>	<i>5 1/2</i>		<i>1120 spacer</i>
	<i>500</i>		<i>14</i>	<i>5 1/2</i>		<i>mix 40% premium cement @ 13#/gal</i>
	<i>400</i>		<i>117</i>	<i>5 1/2</i>		<i>mix 530% premium cement @ 15.6#/gal</i>
						<i>Clear Pump then with Sugar H<sub>2</sub>O</i>
						<i>Drop Latch 3 + plus</i>
	<i>10</i>		<i>0</i>	<i>6</i>		<i>51-11 1120 Displacement w/ 290 KCL</i>
						<i>with Sugar in first 10 bbl</i>
	<i>800</i>		<i>39</i>	<i>5</i>		<i>Slow Down @ 39 bbl 2700 Tolatch</i>
	<i>1300</i>		<i>107</i>	<i>4</i>		<i>Slow Down @ 107 bbl</i>
	<i>1800</i>		<i>118</i>	<i>4</i>		<i>Land Plug Release PSI - Held</i>
						<i>No Rotation</i>
	<i>2700</i>					<i>No pressure plug to burst Disc</i>
			<i>80</i>			<i>Pump out isolation of Sugar</i>
	<i>1500</i>		<i>140</i>			<i>circulate 500 Complate clear water top +</i>
						<i>Thank Steve</i>
						<i>Circulated 20 bbl Cement Top +</i>