

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)</i> <i>(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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QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1388

Date	9.5.20	Sec.	7	Twp.	17	Range	9	County	Ellsworth	State	KS	On Location		Finish	8:00pm		
								Location	Holywell 3E 1s								
Lease	Musenberga	C	Well No.		9		Owner										
Contractor	Murkin #20						To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.										
Type Job	Surface		Charge To									Patterson Energy					
Hole Size	12 1/4	T.D.		270		Street											
Csg.	8 5/8	Depth		267		City									State		
Tbg. Size			Depth		City									State			
Tool			Depth		The above was done to satisfaction and supervision of owner agent or contractor.												
Cement Left in Csg.	15'	Shoe Joint		Cement Amount Ordered									180 8 1/2 3 1/4 2 1/2				
Meas Line			Displace		16BL												
EQUIPMENT												Common				145	
Pumptrk	17	No.	Cementer	Craig		Poz. Mix				35							
Bulktrk		No.	Driver	Tim		Gel.				3							
Bulktrk	9	No.	Driver	Tom		Calcium				7							
JOB SERVICES & REMARKS												Hulls					
Remarks:												Salt					
Rat Hole												Flowseal					
Mouse Hole												Kol-Seal					
Centralizers												Mud CLR 48					
Baskets												CFL-117 or CD110 CAF 38					
D/V or Port Collar												Sand					
8 5/8 on bottom Est. Circulation												Handling				190	
Mix 180SK + Displace.												Mileage					
Cement Circulated!												FLOAT EQUIPMENT				8 5/8 Swage	
												Guide Shoe					
												Centralizer					
												Baskets					
												AFU Inserts					
												Float Shoe					
												Latch Down					
												Pumptrk Charge				Surface	
												Mileage				90	
Thanks																	
[Signature]																	
X Signature																	
												Tax					
												Discount					
												Total Charge					

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1392

Date	9-10-20	Sec.	7	Twp.	17	Range	9	County	Ellsworth Ellsworth	State	Ks	On Location		Finish	4:45 PM
Lease								M/Senberg C		Well No.		9			
Contractor								Munton #20		Owner		To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job								Production String		Charge To		Patterson Energy			
Hole Size				7 7/8		T.D.		3310		Street					
Csg.				5 1/2 17#		Depth		3310 3309		City		State			
Tbg. Size						Depth		3309		City		State			
Tool						Depth				The above was done to satisfaction and supervision of owner agent or contractor.					
Cement Left in Csg.				35.34		Shoe Joint		35.34		Cement Amount Ordered		175 com 10% salt 5% carbomite			
Meas Line						Displace		76.0BL		500 gal mud @ 20BL KCL					
EQUIPMENT															
Pumptrk		20		No.		Cement		Craig David		Common		175			
Bulktrk				No.		Helper		Nick		Poz. Mix					
Bulktrk				No.		Driver		Tom		Gel.					
Bulktrk		15		No.		Driver		Tom		Calcium KCL		2 gal			
JOB SERVICES & REMARKS															
Remarks:												Hulls			
Rat Hole 30SK												Salt 14			
Mouse Hole 20SK												Flowseal			
Centralizers												Kol-Seal 750#			
Baskets												Mud CLR 48 500 gal			
D/V or Port Collar 3309												CFL-117 or CD110 CAF 38			
5 1/2 size 3309 3273 3273												Sand			
Est. Circulation Pump 500 gal												Handling 196			
Mud Clear 4 1/2 BL KCL Plug Kotholck												Mileage			
Mud Seal Cement 5 1/2 with 125SK												FLOAT EQUIPMENT			
Clear lines & Displace Plug 1st 10BL KCL												Guide Shoe			
Plug landed @ 1500#												Centralizer 6			
L.A. Pressure @ 700#												Baskets			
												AFU Inserts			
												Float Shoe 1			
												Latch Down 1			
												Pumptrk Charge prod string			
												Mileage 40			
Signature <i>Ann Weirley</i>												Thanks			
												Tax			
												Discount			
												Total Charge			

AUSTIN B. KLAUS

Cell 785.650.3629
Work 785.483.3145
Ext 225

PO BOX 352
Russell, KS 67665
austin.klaus@johnofarmer.com

Scale 1:240 (1"=100' Imperial)
Measured Depth Log

Well Name: Musenberg C #9
API: 164523170-0500
Location: Ellsworth County
License Number: 09-092028
Drilling Company: 09/09/2009

Spool Meter: 489 FSL & 33F FWL
Surface Coordinates: Section 7 Township 12 South Range 9 West
Bottom Hole Coordinates: Vertical well w/ minimal deviation, same as above

Ground Elevation (ft): 1378
Logwell Elevator (ft): 1378
Logwell Elevation (ft): 1378
Landing: Lansing City, Arkansas
Formations: Lansing, Musenberg
Type of Drilling Fluid: Chemical (A&S's Mud)
PoreByTrap-Log from WellLog Systems 1-800-447-1124 www.WellLog.com

OPERATOR
Company: Patterson Energy, LLC
Address: PO Box 406
Ways, KS 67691

GEOLOGIST
Name: Austin Klaus
Company: John D. Farmer, Inc.
Address: PO Box 282
Russell, KS 67665

Comments
The Musenberg C #9 well was drilled by Martin Drilling Company Inc. Rig #52 (Tool Pusher: Greg Conrad).
Musbeng C #9 was discovered via 2D seismic survey. Rock samples were collected and evaluated from 2,485'-2515'. Oil shows were encountered in the Wood, Lansing G, J, K, and Arkistic. Structurally, the Hedener top was placed 7' high to the comparison well 567' to the northeast (Musbeng C #1 - 1963 2070'). Structure remained constant throughout the LSC and below, which resulted in an Arkistic top placed 2' high to the comparison well. After comprehensive evaluation of all oil shows, electric logs, and structural position, it was decided that 5.15" production casing be set to further evaluate the Musenberg C #9 on 9/20/09.

ROCK TYPES							
Archie	Clay	Coal	Oil	Shale	Sand	Silt	Sh
Bent	Cond	Crud	Gas	Shale	Sand	Silt	Sh
Comp	Crud	Crud	Gas	Shale	Sand	Silt	Sh
Oil	Crud	Crud	Gas	Shale	Sand	Silt	Sh

