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:				
Address 2:	Feet from \[\sum \text{North / } \subseteq \text{South Line of Section} \]			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	NE NW SE SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)			
Name:				
Wellsite Geologist:				
Purchaser:	Lease Name: Well #:			
Designate Type of Completion:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:			
☐ Oil ☐ WSW ☐ SWD	Producing Formation:Kally Bushing			
Gas DH EOR	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW	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 SWI	27 In the Management Plant			
Plug Back Liner Conv. to GSW Conv. to Prod	ICET (Data must be collected from the neserve rit)			
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 #:				
	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	— Quarter Sec. Twp. S. R. East West			
Recompletion Date Recompletion Date	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:				

KOLAR Document ID: 1461118

Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			nation (Top), Depth and Datum		Sample
Samples Sent to G	eological Surv	ey	Yes No	Name			Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used Type and Percent Additives				
Protect Casi								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours						Gas-Oil Ratio	Gravity	
DISPOS	DISPOSITION OF GAS: METHOD OF COL				LETION:			ON INTERVAL:
			Open Hole		ually Comp. Commingled bmit ACO-5) (Submit ACO-4)		Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Krehbiel, Hal Gene and Alice dba K-Bar Oil
Well Name	LAKIN-ENGELHARDT 1-13
Doc ID	1461118

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	20	348	60/40poz	225	4%gel