

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)</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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Form	ACO1 - Well Completion
Operator	Deutsch, Kent A. dba Deutsch Oil Company
Well Name	DIETZ 2-8
Doc ID	1582464

All Electric Logs Run

Dual Induction
Density/Neutron
Micro
Frac Finder



CEMENT TREATMENT REPORT

Customer: DEUTSCH OIL COMPANY

City, State:

Field Rep: DOUG

Well:

DIETZ 2-8

County:

PRATT, KS

S-T-R:

8-27S-12W

Ticket:

WP1161

Date:

2/19/2021

Service:

10 3/4" SURFACE

Downhole Information

Hole Size: 14 3/4 in

Hole Depth: 217 ft

Casing Size: 10 3/4 in

Casing Depth: 207 ft

Tubing / Liner: in

CEMENT DEPTH: 187 ft

Tool / Packer:

Tool Depth: ft

Displacement: 19.0 bbls

32.75#

Calculated Slurry - Lead

Blend: 60/40/2 POZMIX

Weight: 14.8 ppg

Water / Sx: 5.2 gal / sx

Yield: 1.21 ft³ / sx

Annular Bbls / Ft.: bbs / ft.

Depth: ft

Annular Volume: 0.0 bbls

Excess:

Total Slurry: 51.7 bbls

Total Sacks: 240 sx

Calculated Slurry - Tail

Blend:

Weight: ppg

Water / Sx: gal / sx

Yield: ft³ / sx

Annular Bbls / Ft.: bbs / ft.

Depth: ft

Annular Volume: 0 bbls

Excess:

Total Slurry: 0.0 bbls

Total Sacks: 0 sx

STAGE TOTAL

TIME	RATE	PSI	BBLs	BBLs	REMARKS
8:00PM			-	-	ON LOCATION- SPOT TRUCKS
11:45PM				-	RUN 5 JTS 10 3/4" PIPE
1:30AM				-	CASING ON BOTTOM
1:35AM				-	HOOK UP TO CASING- BREAK CIRCULATION WITH RIG
1:45AM	5.0	150.0	5.0	5.0	H2o AHEAD
1:46AM	5.0	100.0	51.7	56.7	MIX 240 SKS 60/40/2 POZMIX @ 14.8 PPG
1:56AM	5.0	-	-	56.7	START DISPLACEMENT
1:58AM	4.0	150.0	15.0	71.7	SLOW RATE
2:00am	3.0	150.0	19.0	90.7	CEMENT @ DESIRED DEPTH - CLOSE IN VALVE
				90.7	CIRCULATION THRU JOB
				90.7	CIRCULATED 5 BBL TO PIT
					WASH UP PUMP TRUCK
					JOB COMPLETE,
					THANKS - KEVEN AND CREW

CREW

UNIT

SUMMARY

Cementer: LESLEY

75

Pump Operator: McLAOMORE

176-521

Bulk #1: MARTINEZ

527-533

Bulk #2:

Average Rate

4.4 bpm

Average Pressure

110 psi

Total Fluid

91 bbls



CEMENT TREATMENT REPORT

Customer: DEUTSCH OIL COMPANY

City, State:

Field Rep: DAVE PAULY

Well: DIETZ 2-8

County: PRATT, KS

S-T-R: 8-27S-12W

Ticket: WP 1181

Date: 2/27/2021

Service: 5 1/2" LS

Downhole Information

Hole Size:	7 7/8 in	15.5#
Hole Depth:	4460 ft	
Casing Size:	5 1/2 in	
Casing Depth:	4466 ft	
Tubing / Liner:	in	
PLUG Depth:	4444 ft	
Tool / Packer:		
Tool Depth:	ft	
Displacement:	106.0 bbls	

Calculated Slurry - Lead

Blend:	SCAVENGER
Weight:	13.0 ppg
Water / Sx:	gal / sx
Yield:	1.47 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0.0 bbls
Excess:	
Total Slurry:	7.0 bbls
Total Sacks:	25 sx

Calculated Slurry - Tail

Blend:	H-LONG
Weight:	15 ppg
Water / Sx:	6.0 gal / sx
Yield:	1.42 ft ³ / sx
Annular Bbls / Ft.:	bbs / ft.
Depth:	ft
Annular Volume:	0 bbls
Excess:	
Total Slurry:	44.3 bbls
Total Sacks:	175 sx

TIME	RATE	PSI	STAGE BBLs	TOTAL BBLs	REMARKS
3:30PM			-	-	ON LOCATION- SPOT EQUIPMENT
8:00PM			-	-	RUN 5 1/2" X 15.5# CASING
			-	-	TURBOLIZERS- 1,3,5,6,8,10,12
			-	-	BASKET- 6
10:00PM			-	-	CASING ON BOTTOM
10:11PM			-	-	BREAK CIRCULATION WITH RIG PUMP
11:15PM	3.0	-	7.0	7.0	PLUG RATHOLE WITH 30 SKS H PLUG
11:20PM				7.0	SWITCH BACK OVER TO HEAD AND MANIFOLD
11:25PM	6.0	300.0	7.0	14.0	MIX 25 SKS SCAVENGER CMT @ 13 PPG
11:27PM	6.0	250.0	44.3	58.3	MIX 175 SKS H-LONG CMT @ 15 PPG
11:34PM	6.0			58.3	SHIUT DOWN - CLEAR PUMP AND LINES
11:40PM	6.0	-	-	-	START DISPLACEMENT W 2% KCL H2o
12:02AM	5.0	200.0	76.0		LIFT PRESSURE
12:07AM	4.0	800.0	95.0		SLOW RATE
12:10AM	3.0	1,500.0	106.0		PLUG DOWN - HELD
					JOB COMPLETE,
					THANKS- KEVEN AND CREW

CREW

	CREW	UNIT
Cementer:	LESLEY	75
Pump Operator:	OSBORN	179-522
Bulk #1:	MARTINEZ	527-533
Bulk #2:		

SUMMARY

Average Rate	Average Pressure	Total Fluid
4.9 bpm	436 psi	335 bbls

