

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

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
--	---

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				

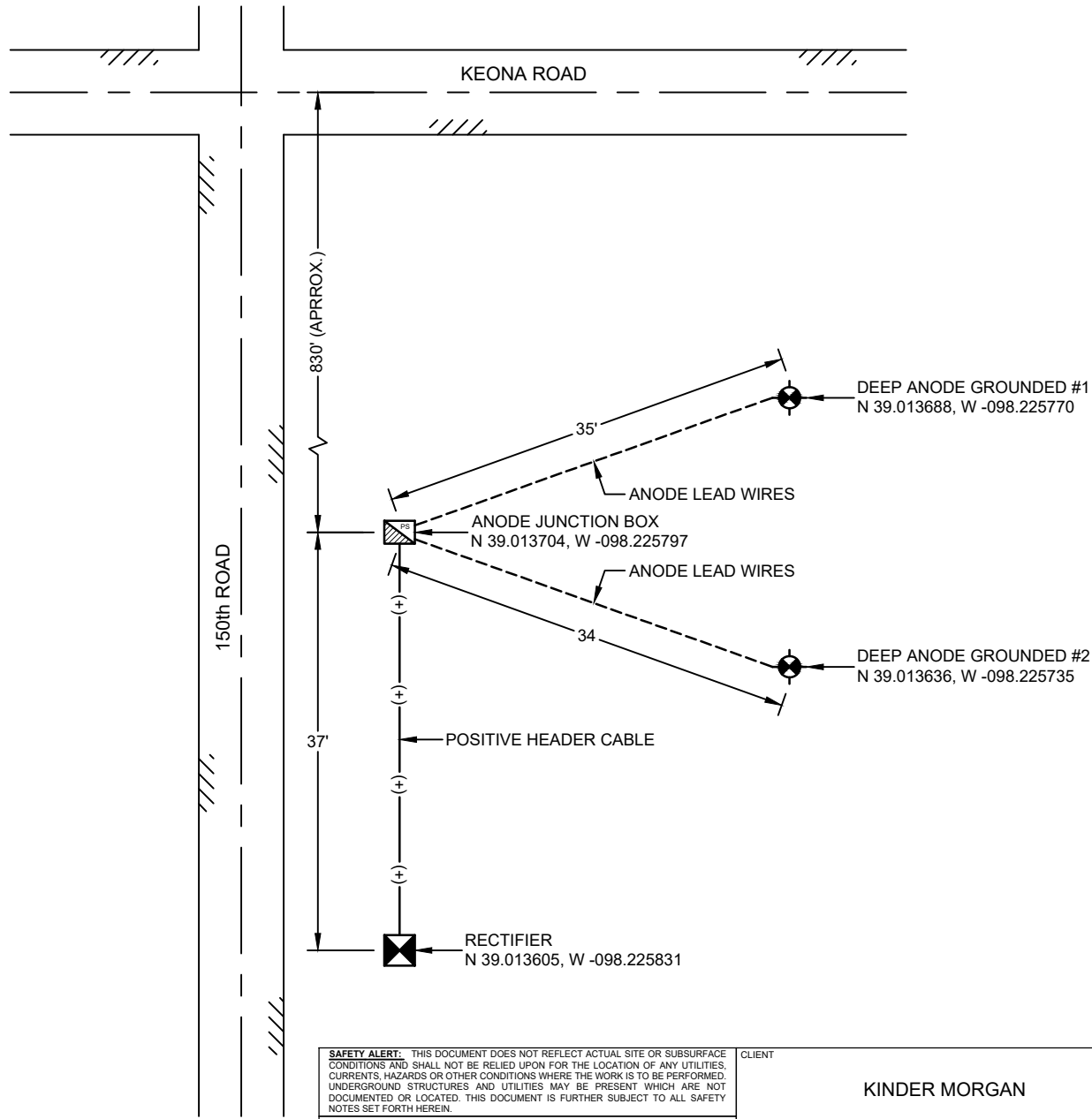
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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:	
----------------	-------	---------	------------	--



SAFETY ALERT: THIS DOCUMENT DOES NOT REFLECT ACTUAL SITE OR SUBSURFACE CONDITIONS AND SHALL NOT BE RELIED UPON FOR THE LOCATION OF ANY UTILITIES, CURRENTS, HAZARDS OR OTHER CONDITIONS WHERE THE WORK IS TO BE PERFORMED. UNDERGROUND STRUCTURES AND UTILITIES MAY BE PRESENT WHICH ARE NOT DOCUMENTED OR LOCATED. THIS DOCUMENT IS FURTHER SUBJECT TO ALL SAFETY NOTES SET FORTH HEREIN.

NOTICE: THIS DOCUMENT IS PRELIMINARY, PREPARED FOR A LIMITED PURPOSE, IN RELIANCE UPON INFORMATION PROVIDED BY OTHERS, AND INTENDED FOR SPECIFIC APPLICATION UNDER CERTAIN CONDITIONS. THIS DOCUMENT, AND ANY DESIGNS OR DETAILS, ARE THE PROPERTY OF CORRPRO COMPANIES, INC. AND SHALL NOT BE COPIED, REPRODUCED, TRANSMITTED, MODIFIED, RELIED UPON OR USED FOR ANY PURPOSE WITHOUT THE PRIOR EXPRESS WRITTEN PERMISSION OF CORRPRO. CORRPRO DOES NOT WARRANT THE ACCURACY OF INFORMATION DEPICTED AND ASSUMES NO LIABILITY FOR ANY UNAUTHORIZED COPY, REPRODUCTION, TRANSMITTAL, MODIFICATION, RELIANCE OR USE HEREOF. ANY USE REQUIRES AN INDEPENDENT DETERMINATION BY A QUALIFIED DESIGN PROFESSIONAL OF THE ACCURACY AND SUITABILITY OF ANY DATA, DESIGN, DETAIL OR INFORMATION TO THE APPLICATION AND CONDITIONS. FAILURE TO COMPLY MAY RESULT IN PROPERTY DAMAGE OR PERSONAL INJURY FOR WHICH CORRPRO SHALL HAVE NO LIABILITY. ELECTRONIC TRANSMISSION MAY RESULT IN ERRORS FOR WHICH CORRPRO ASSUMES NO LIABILITY.


CLIENT
KINDER MORGAN

TITLE
**DEEP ANODE GROUNDBED INSTALLATION
AMA 315
LINCOLN, KS**

AEGION | **corpro**
Stronger. Safer. Infrastructure.®

DRAFT DATE (YYYY.MM.DD)	2021.07.30	DRAWN BY	F. Moreno
DESIGNED BY	J. Campbell	CHECKED BY	W. Souza
APPROVED BY		CLIENT DRAWING NO.	
PROJECT NO.	340304719	SCALE	N.T.S.
DRAWING NO.	U30-A211318-C-001	SHEET NO.	1 OF 1
		REV.	0

REV.	DATE (YYYY.MM.DD)	REVISION DESCRIPTION	F.M.	W.S.
0	2021.07.30	AS-BUILT		
			BY	CHK.
			ENG.	APP.

	Panterra Energy, LLC		PANTERRA ENERGY BOREHOLE INFORMATION						
	6900 Highway 86								
	Kiowa, CO 80117								
PROJECT NUMBER	AMA 315	PROJ LEAD DRILLER	Seth Webb	BIT TYPE(S)	16" Button, 8.75" MIL-T				
PROJECT LOCATION	Lincoln, KS	RIG #	Drillmax PE1003						
GENERAL CONTRACTOR	Corrpro Companies.	START DATE	6/23/21	COM DATE	6/24/21				
CRP21-10CP-KS (Hole 2 of 2)		HOLE #	2 of 2						
		TOT # OF HOLES TO DATE:							
GEOLOGIC LOG	DEPTH	TYPE	GRAIN SIZE	COLOR	WATER Y/N	ADDITIVES	PH	MUD WT	
top	0'-2'	topsoil	solid	dark brown					
20' of 10" casing + 15 bags plug	2'-65'	clay/shale	solid	multi					
	65'-125'	shale/limestone stringers	solid	gray					
	125'-150'	shale/sandstone	solid	gray/slate					
ELEVATION (METERS)									
GPS COORDINATES (UTM)			N:	39.013665	-98.22576				
HOLE DIAMETER (IN)	8.75		NOTES:						
DRILLED DEPTH (FT)	150								
ANODE SIZE	MMO								
BOTTOM ANODE DEPTH									
TOP ANODE DEPTH									
# OF BAGS OF COKE BREEZE									
#OF BAGS OF CHIPS									
WAS VAC TRUCK USED	yes								
EQUIPMENT USED ON SITE	Drillmax PE1003								
	Support Truck PE1004								
	PE1305								
	Mudpuppy PE1309								
	PE1203								
	GMC Pickup PE1108								