



Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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).

| <div style="text-align: center;"> <b>CASING RECORD</b>      <input type="checkbox"/> New    <input type="checkbox"/> Used<br/>           Report all strings set-conductor, surface, intermediate, production, etc.         </div> |                      |                              |                      |                  |                   |                 |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------|----------------------|------------------|-------------------|-----------------|-------------------------------|
| Purpose of String                                                                                                                                                                                                                 | Size Hole<br>Drilled | Size Casing<br>Set (In O.D.) | Weight<br>Lbs. / Ft. | Setting<br>Depth | Type of<br>Cement | # Sacks<br>Used | Type and Percent<br>Additives |
|                                                                                                                                                                                                                                   |                      |                              |                      |                  |                   |                 |                               |
|                                                                                                                                                                                                                                   |                      |                              |                      |                  |                   |                 |                               |
|                                                                                                                                                                                                                                   |                      |                              |                      |                  |                   |                 |                               |

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)

|                                                                                                                                                                          |  |                                                                                                                                                                                                                            |  |                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> |  | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> |  | <b>PRODUCTION INTERVAL:</b><br><div> <div>Top</div> <div>Bottom</div> </div> |  |
|                                                                                                                                                                          |  |                                                                                                                                                                                                                            |  |                                                                              |  |
|                                                                                                                                                                          |  |                                                                                                                                                                                                                            |  |                                                                              |  |

**Mail to: KCC - Conservation Division, 266 N. Main, Suite 220, Wichita, Kansas 67202**

|           |                            |
|-----------|----------------------------|
| Form      | ACO1 - Well Completion     |
| Operator  | Claassen Oil and Gas, Inc. |
| Well Name | HEINSON 1-28               |
| Doc ID    | 1599353                    |

#### Casing

| Purpose Of String | Size Hole Drilled | Size Casing Set | Weight | Setting Depth | Type Of Cement | Number of Sacks Used | Type and Percent Additives |
|-------------------|-------------------|-----------------|--------|---------------|----------------|----------------------|----------------------------|
| Surface           | 12.25             | 8.625           | 24     | 1515          | 35:65 Poz      | 900                  | 12% cacl                   |
| Production        | 7.875             | 4.5             | 10.5   | 5999          | 50:50 Poz      | 450                  | 4% gel                     |
|                   |                   |                 |        |               |                |                      |                            |
|                   |                   |                 |        |               |                |                      |                            |

## Summary of Changes

Lease Name and Number: HEINSON 1-28

API/Permit #: 15-119-20386-00-01

Doc ID: 1599353

Correction Number: 1

Approved By: Deanna Garrison

| Field Name          | Previous Value                          | New Value  |
|---------------------|-----------------------------------------|------------|
| Elogs_PDF           | Dual Induction<br>Comp. Neutron-Density |            |
| Approved Date       | 11/03/2021                              | 11/16/2021 |
| Producing Formation | Morrow-Chester                          | Chester    |