KOLAR Document ID: 1492521

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

Address 1:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from North / South Line of Section
NE	City: State: Zip:+	Feet from _ East / _ West Line of Section
CONTRACTOR: License # Name: Name: Name: Datum: NAD27 NAD83 WGS84	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Datum: NAD27 NAD83 WGS84 NAD83 WGS84	CONTRACTOR: License #	GPS Location: Lat:, Long:
Designate Type of Completion: New Well	Name:	
Designate Type of Completion:	Wellsite Geologist:	
Designate Type of Completion: New Well	Purchaser:	
New Well	Designate Type of Completion:	
Oil	☐ New Well ☐ Re-Entry ☐ Workover	
Gas	□ Oil □ WSW □ SWD	Producing Formation:
GM (Coal Bed Methane)		Elevation: Ground: Kelly Bushing:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No	□ OG □ GSW	Total Vertical Depth: Plug Back Total Depth:
If Workover/Re-entry: Old Well Info as follows: Operator:	CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Operator: Well Name: If Alternate II completion, cement circulated from:	Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth:	If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening	Operator:	If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #:	Well Name:	feet depth to:w/sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer Commingled	Original Comp. Date: Original Total Depth:	
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	Drilling Fluid Management Plan
Commingled Permit #: Dual Completion Permit #: SWD Permit #: EOR Permit #: GSW Permit #: Operator Name: Lease Name: License #: Quarter Sec. Spud Date or Date Reached TD Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: Quarter Sec. Sec. Twp. Sec. Twp. Sec. Twp. East West	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: License #: License #: Quarter Sec Twp S. R East West	Described	Chloride content: ppm Fluid volume: bbls
SWD Permit #:		Dewatering method used:
EOR Permit #: Operator Name:		Location of fluid disposal if haulad offsita:
GSW		Location of fluid disposal if flauled offsite.
Lease Name: License #: Spud Date or Date Reached TD Completion Date or Sec Twp S. R East West		Operator Name:
Spud Date or Date Reached ID Completion Date or		Lease Name: License #:
	Snud Data or Data Reached TD Completion Data or	Quarter Sec TwpS. R
	· ·	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:				

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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			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		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	ed Type and Percent Additives			
Perforate Protect Casing Plug Back TD								
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							Gravity	
DISPOSITION OF GAS: METHOD OF COI					LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit 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	Mull Drilling Company, Inc.			
Well Name	COOPER 1-12			
Doc ID	1492521			

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.250	8.625	23	209	Common	145	3% cc, 2% gel
Production	7.875	5.5	15.5	4525	H-Long	200	n/a