KOLAR Document ID: 1645253

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:	SecTwpS. R
Address 2:	Feet from North / 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:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
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 SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
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 #:	Location of haid disposal if hadica offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
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:					

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#### Page Two

Operator Name:					Well #:						
Sec Tw	pS	S. R	Eas	st West	County:						
	l, flowing an	d shut-in press	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							s must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests (Attach Addit		1		Yes No		Lo	g Formation	n (Top), Depth a		Sample	
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Logs	s		Yes No Yes No Yes No							
			Rep	CASING	RECORD [	New e, interr		on, etc.			
Purpose of St	tring	Size Hole Drilled		Size Casing let (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	CEMENTING /	SQUE	EZE RECORD				
Top Bot		Depth Top Bottom	Тур	pe of Cement	# Sacks Used			Type and Percent Additives			
Perforate Protect Ca Plug Back											
Plug Off Z											
Did you perform     Does the volume     Was the hydraul	e of the total I	base fluid of the	hydraulic f	fracturing treatment		-	Yes s? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three		
Date of first Produ Injection:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:	Пе	ias Lift O	ther <i>(Explain)</i>			
Estimated Production Per 24 Hours  Oil Bbls.											
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ION:			ON INTERVAL:	
Vented		Used on Lease		Open Hole		Oually C Submit A		mingled	Тор	Bottom	
,	ed, Submit AC					1					
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)		
TUBING RECORI	D: S	ize:	Set At	: -	Packer At:						

Form	ACO1 - Well Completion				
Operator	BG-5, Inc.				
Well Name	T BURKDOLL 46				
Doc ID	1645253				

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	8	50/50 POZ
Production	5.625	4.50	8	656	Portland	85	50/50 POZ