

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](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).

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) (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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**STIMULATION TREATMENT REPORT**

Customer: <b>G&amp;J OIL COMPANY</b>	Well: <b>WATSON 31-32</b>	Ticket: <b>EP4673</b>
City, State:	County: <b>MG. KS.</b>	Date: <b>5/19/2022</b>
Field Rep: <b>SAM NUNNELY</b>	S-T-R: <b>S34-T33S-R14E</b>	Service: <b>ABO-FRAC</b>

Downhole Information	
Formation:	<b>WAYSIDE</b>
Casing:	<b>2 7/8 in</b>
Tubing:	<b>in</b>
Treatment Via:	<b>CASING</b>
Perforations	
Top Perf:	<b>716 ft</b>
Bottom Perf:	<b>732 ft</b>
Shots Per Foot:	<b>2 spf</b>
Total Shots:	<b>34 shots</b>

Capacity			
Casing / Tubing:	<b>0.00587 bbls/ft</b>		
Displacement:	<b>4.2 bbls</b>		
Pressure Test			
Iron Test:	<b>3,500 psi</b>		
Max Pressure:	<b>3,000 psi</b>		
Proppant (#)			
20/40	-	12/20	<b>6,500</b>
16/30	-	8/12	-
Diversions			
Salt	-	Balls	<b>60</b>

Treatment Fluid		
Product	GPT	Gal
Water		<b>6,300</b>
Gel		<b>35.0</b>
KCl		<b>7.0</b>
Biocide		<b>2.0</b>
Surfactant		<b>1.0</b>
Breaker		<b>1.0</b>
Acid		<b>200.0</b>

Time	Rate	PSI	PPG	Stage Pounds	Stage BBLs	Total BBLs	Remarks
							CASING SWABBED TO BELOW PERFS
							DUMP SPOT 50 GAL. 15% HCL ACID AND LOAD CASING
	1.0	1,800					BREAKDOWN PERFS
	4.0	225					ACIDIZE PERFS WITH 150 GAL. 15% HCL ACID
	4.0	1,000					DROPPING 40 BALLSEALERS STAGED THRU-OUT ACID
	4.0	3,000					PUMP TILL ALL ACID AND BALLS TO PERFS
	5.0	225					RELEASE BALLS TO CASING T.D. AND OVER FLUSH CASING
		200					ISIP
						18.0	TOTAL BBLs ABO/ RUN IN SWABLINE TO CLEAR ANY STUCK BALLSEALERS
	20.0	900				25.0	BEGIN FRAC PAD
	20.0	950	0.50	150.0			START 12/20 SAND
	20.0	950	1.00	350.0			START 12/20 SAND
	20.0	950	2.00	500.0			START 12/20 SAND
	20.0	950	2.00	750.0			START 12/20 SAND
	20.0	1,100	2.00	750.0			START 12/20 SAND + DROP 10 BALLSEALERS
	20.0		2.00	750.0			START 12/20 SAND
	20.0	1,900	2.00	750.0			START 12/20 SAND + DROP 10 BALLSEALERS
	20.0	1,800	2.00	750.0			START 12/20 SAND
	20.0	1,600	2.00	750.0			START 12/20 SAND
	20.0	1,600				5.0	FLUSH CASING AND RELEASE BALLS OFF PERFS
	20.0	1,100				10.0	OVERFLUSH CASING
						132.0	TOTAL BBLs FRAC
		250					INSTANT SHUT IN PRESSURE

	CREW	UNIT	SUMMARY		
Treater / Foreman:	BRETT/ RYAN	97/ 816	Average Rate (bpm)	Max Rate (bpm)	Total Proppant (#)
Pump Operator:	LANDON/ JOSH	815/ 820	15.2	20.0	5500
Sand:	RUSSELL	140T130	Average PSI	Max Pressure (psi)	Total Load (bbls)
Water:	SCOTT M	139T132	1139	3000	132
Acid:					



