

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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**Form detail****#3: DGB Citation Drill Log Template****Form details****Location****Form date** Feb 16, 2022**Description****Submitted by** **Chris Hall****Status** Submitted**Last update** Feb 18, 2022, 10:35 PM CST**Last updated by** **Chris Hall****Included references** [Assets](#) | [Documents](#) | [Form details](#) | [Issues](#) | [Photos](#)

# CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

**CLIENT INFORMATION**

Client	ETC Panhandle Eastern				Job Number	2021-0555			
Facility	Borchers #13				Customer Contact	Kurt Boldin			
City	Meade	County	Meade	State	KS	Phone No.	620-309-9104		

**DEEP GROUND BED & DRILLING LOG INFORMATION**  New Installation  Existing Rectifier

Hole Dia.	10"	Total Depth	200'	Casing Feet	20'	Dia.	10"	Type	SDR21	Groundbed GPS	
No. Anodes	10	Size & Type	4x80 Graphite	Anode Lead	350'	Size	#6	Type	Halar	N	37.224692
Lbs. Coke	5500	Coke Type	SC3	Top of Coke Column	33'	Vent	140'	W	-100.340967		
Lbs. Plug	1250	Plug Type	Bentonite	Top of Plug	3	Logging Volts		13.6			

Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log			
			Volts	Amps Before	Amps After	Remarks				Volts	Amps Before	Amps After	Remarks
0													
5						205							
10	Casing					210							
15						215							
20	Casing					220							
25						225							
30	Pea gravel			2.2		230							
35						235							
40	Red clay			2.1		240							
45						245							
50	Red clay/ Gravel			1.4		250							
55						255							
60	Red clay/gravel			1.5		260							
65						265							
70	Gravel			.8		270							
75						275							
80	Gravel			.4		280							
85						285							
90	Red clay/ Gravel			1.3		290							
95						295							
100	Red clay / gravel			2.0		300							
105		10			9.3	305							
110	Red clay/ gravel			2.0		310							
115		9			8.6	315							
120	Red clay/ gravel			1.2		320							
125		8			7.2	325							
130	Red clay/ gravel			1.2		330							
135		7			6.1	335							
140	Red clay/ gravel			.9		340							
145		6			5.2	345							
150	Gravel			.7		350							
155		5			9.0	355							
160	Gravel			1.9		360							
165		4			9.0	365							
170	Red clay/ gravel			2.7		370							
175		3			9.7	375							
180	Red clay/ gravel			2.2		380							
185		2			10.0	385							
190	Red clay/ gravel			2.5		390							
195		1			10.6	395							
200	Red clay/ gravel			3.6		400							
							Total						

**ANODE JUNCTION BOX INFORMATION**

ANODE JUNCTION BOX											COMMENTS	
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.		Amp
1	1.40	6	.37	11		16		21		26		.01 OHM Shunt
2	.90	7	.19	12		17		22		27		4.1 Volts
3	.61	8	.18	13		18		23		28		
4	.37	9	.41	14		19		24		29		
5	.20	10	.93	15		20		25		30		
Shunt	Mv		Amp							TOTAL		

**RECTIFIER INFORMATION**

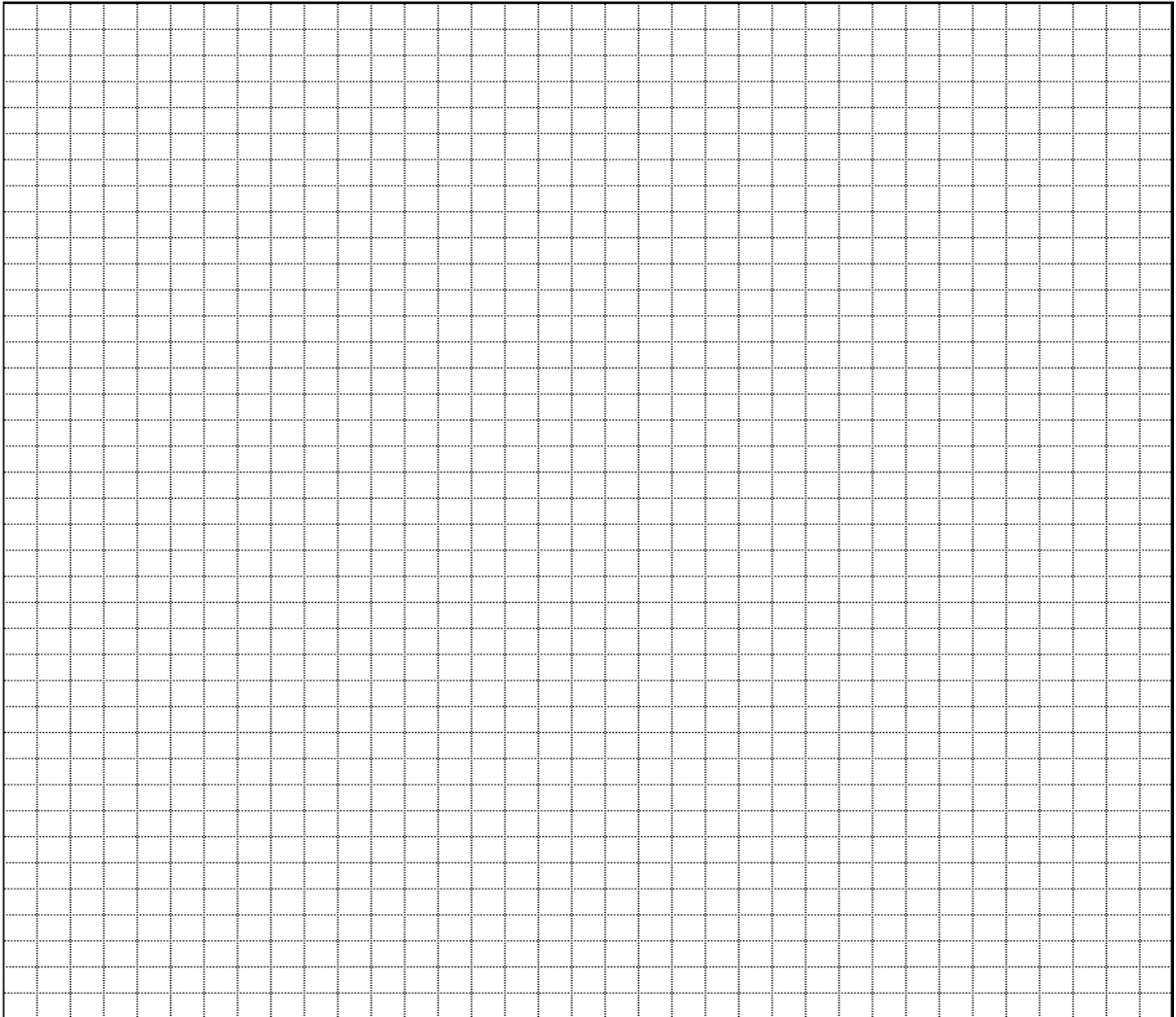
Manufacturer		Rectifier ID Number	
Model No.	DC Volts	AC Volts	Max Coarse
Serial No.	DC Amps	AC Amps	Max Fine
GPS Coordinates	Latitude	N	Longitude
RMU Type	Serial Number		W

**ENERGIZED INFORMATION**       No A/C Power       #12 Lead Installed with Negative

Coarse Tap Setting	of	AC Volts	DC Volts	DC Amps
Fine Tap Setting	of	AC Amps	DC mV	Structure PS
Calculated Ground Bed Resistance		Calculated Rectifier Efficiency		

**ASBUILT DRAWING**

- DEEP BED
- NEGATIVE JUNCTION BOX
- POSITIVE JUNCTION BOX
- ANODE JUNCTION BOX
- RECTIFIER
- WELL HEAD
- POWER POLE
- COUPON TEST STATION
- AC POWER POLE
- BLOCK VALVE
- REFERENCE CELL
- MAG ANODE
- VERTICAL CAST-IRON ANODE
- HORIZONTAL CAST-IRON ANODE



Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Technician/Foreman \_\_\_\_\_ Date \_\_\_\_\_

2021-0555  
2021-0556

1000 S. ...  
110 S. ...  
PH ...  
641 873 2021

02/15/2022  
Merchant ID: .....  
Device ID: .....  
Terminal ID: .....  
09:50:11  
0022  
PPX1

Meal  
PO

Credit Sale:

Meal  
Phone

Transaction #: .....  
Card Type: .....  
Account: .....  
Entry: .....  
AMEX  
1005  
Chip

3/8 C  
54

Amount: \$522.48  
001  
805796

2X6 B  
54106

STAN:  
Auth. Code:  
Batch Number:  
TRANS ID:  
AUTH/TKT  
000307215732061

2 BLACK  
541452  
1.00

Mode:  
AID: 4000000025010801  
TVR: 0000008000  
IAD: 06510103600002  
TSI: F800  
ARC: 00

130160N  
541548

IC: 00000000000000000000  
ATC: 00F8  
APPLAB: AMERICAN EXPRESS

PORT  
23.00

CUSTOMER COPY

Thank You!

MEAL  
Total

Paid By: Credit Card - Amex

522.48