

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. 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****#8: DGB Citation Drill Log Template****Form details****Location****Form date** Feb 11, 2022**Description****Submitted by** **Chris Hall****Status** Submitted**Last update** Feb 18, 2022, 9:36 PM CST**Last updated by** **Chris Hall****Included references** No reference types included

# CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

**CLIENT INFORMATION**

Client	ETC Panhandle Eastern				Job Number	2021-0552			
Facility	liberal Station				Customer Contact	Kurt Boldin			
City	Liberal	County	Seward	State	Ks	Phone No.	620-309-9104		

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

Hole Dia.	10"	Total Depth	300'	Casing Feet	20'	Dia.	10"	Type	SDR 21	Groundbed GPS	
No. Anodes	15	Size & Type	2.5x100 lida MMO	Anode Lead	350'	Size	#6	Type	Halar	N	37.154108
Lbs. Coke	7500	Coke Type	SC3	Top of Coke Column	95'	Vent	180'	W	-100.758456		
Lbs. Plug	1700	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	Brown clay	9		1.2	5.0		
15						215							
20	Casing					220	Brown clay	8		1.3	4.5		
25						225							
30	Clay/gravel			1.1		230	Brown clay	7		1.2	5.3		
35						235							
40	Sand			.7		240	Brown clay	6		1.4	5.3		
45						245							
50	Sand			.6		250	Brown clay	5		1.7	4.3		
55						255							
60	Sand			.7		260	Brown clay	4		1.5	1.8		
65						265							
70	Clay/ gravel			1.2		270	Brown Clay	3		1.6	1.6		
75						275							
80	Sandy Clay			.7		280	Brown clay	2		1.6	1.4		
85						285							
90	Sand			.6		290	Brown clay	1		1.4	3.2		
95						295							
100	Sand			.6		300	Brown clay			1.2			
105						305							
110	Sand			.7		310							
115						315							
120	Sand			.8		320							
125						325							
130	Sandy Clay			.8		330							
135						335							
140	Sandy Clay			.9		340							
145						345							
150	Sandy Clay	15		.9	2.8	350							
155						355							
160	Sandy clay	14		.7	4.1	360							
165						365							
170	Sandy Clay	13		1.0	6.1	370							
175						375							
180	Grey clay	12		1.8	5.8	380							
185						385							
190	Grey clay	11		1.7	5.0	390							
195						395							
200	Grey clay	10		1.4	5.4	400							
							Total						

**ANODE JUNCTION BOX INFORMATION**

ANODE JUNCTION BOX												COMMENTS
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	
1	3.9	6	3.61	11	3.18	16		21		26		.01 OHM Shunt
2	3.06	7	3.60	12	4.21	17		22		27		18Volts
3	3.59	8	2.72	13	4.81	18		23		28		
4	3.76	9	2.82	14	3.25	19		24		29		
5	3.32	10	3.35	15	1.95	20		25		30		
Shunt	Mv		Amp					TOTAL				

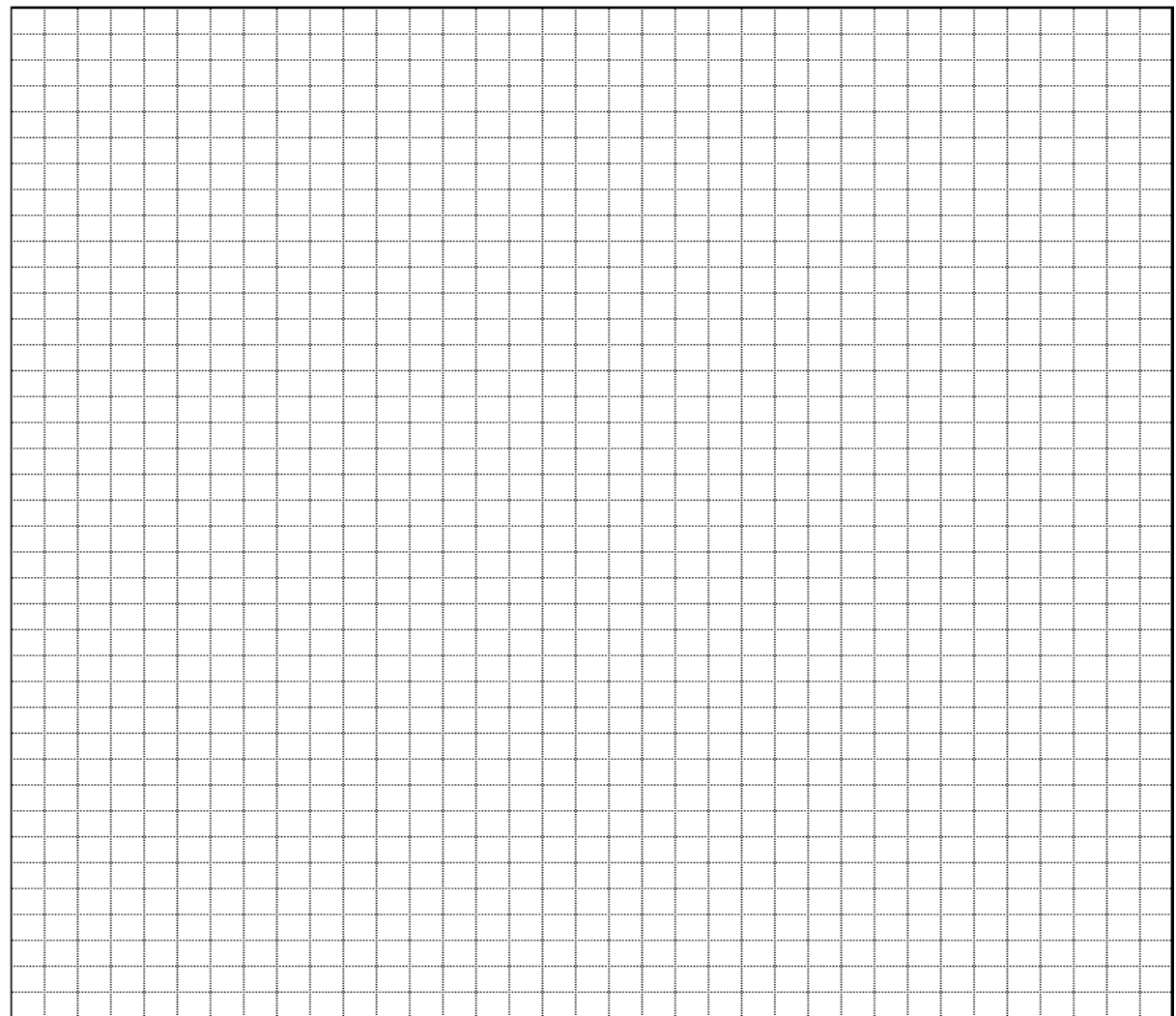
**RECTIFIER INFORMATION**

Manufacturer	ALCO		Rectifier ID Number						
Model No.	ASAI	DC Volts	50	AC Volts	115/230	Max Coarse	4	Shunt Amp	100
Serial No.	050211	DC Amps	80	AC Amps	49.0/24.5	Max Fine	6	Shunt mV	50
GPS Coordinates	Latitude	N		Longitude	W				
RMU Type				Serial Number					

**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**



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

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