

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 Recompletion Date _____ 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)</i> <i>(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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PREFERRED PUMP
100% EMPLOYEE-OWNED

Pick Ticket

Bill To: MISC HOUSE - WICHITA
1441 North Wabash Ave
WICHITA, KS 67214-1443
Cust # 777019

#19 PREFERRED PUMPEQP
1441 N WABASH
WICHITA, KS 672141443
09/30/2022 13:11:23
CREDIT CARD
AMEX SALE

Ship To: MISC HOUSE - WICHITA
1441 North Wabash Ave
WICHITA, KS 67214-1443

Card # XXXXXXXXXXXX1003
Chip Card: AMERICAN EXPRESS
AID: A00000025010801
SEQ #: 1
Batch #: 26
INVOICE
Approval Code: 854700
Chip Read Issuer

PO #
K319
Main Pipeline
Status Out
9/30/22 COD

Line #	Product And Description	Bin Location	Quantity Ordered	Quantity Backorder	Unit Price	Amount	Extension
1	DPCHPSM-50 Puregold 50Lb Bag 48/Pallet Cetco		192.00	0.00		\$2994.86	2785.92

NET AMOUNT \$2994.86
CUSTOMER COPY

2785.92
208.94
INVOICE TOTAL: 2994.86

CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

CLIENT INFORMATION

Client	Southern Star	Job Number	2022-0250
Facility	Sedgwick city DW1	Customer Contact	Jason Wacker
City	Sedgwick	County	Sedgwick
	State	KS	Phone No.
			316/-220-8663

DEEP GROUND BED & DRILLING LOG INFORMATION

New Installation Existing Rectifier

Hole Dia.	10"	Total Depth	200'	Casing Feet	20'	Dia.	10"	Type	SDR21 PVC	Groundbed GPS	
No. Anodes	10	Size & Type	2684 cast iron	Anode Lead	330'	Size	#6	Type	Haler	N	37.766447
Lbs. Coke	3750	Coke Type	SC2	Top of Coke Column	85'	Vent	120'	W			-97.332064
Lbs. Plug	2400	Plug Type	Bentonite	Top of Plug	3'	Logging Volts		13.4			

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														
10	Casing													
15														
20	Casing													
25														
30	Pea gravel			1.2										
35														
40	Pea gravel			1.8										
45														
50	Pea gravel			2.2										
55														
60	Grey clay			2.6										
65														
70	Grey clay			2.9										
75														
80	Grey clay			3.2										
85														
90	Grey clay			2.8										
95														
100	Grey clay			2.6										
105		10			3.4									
110	Grey clay			2.0										
115		9			5.2									
120	Grey clay			1.7										
125		8			4.5									
130	Grey clay			1.6										
135		7			5.3									
140	Grey clay			1.4										
145		6			5.3									
150	Limestone			2.1										
155		5			5.3									
160	Limestone			1.0										
165		4			8.1									
170	Limestone			1.5										
175		3			9.8									
180	Limestone			5.6										
185		2			10.2									
190	Limestone			6.4										
195		1			7.2									
200	Limestone			4.0										
								Total						

ANODE JUNCTION BOX INFORMATION

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

RECTIFIER INFORMATION

Manufacturer	Universal		Rectifier ID Number						
Model No.	ASAI	DC Volts	50	AC Volts	115/230	Max Coarse	4	Shunt Amp	50
Serial No.	074222	DC Amps	50	AC Amps	30.5/15.3	Max Fine	6	Shunt mV	50
GPS Coordinates	Latitude	N	37.766739		Longitude	W	-97.332097		
RMU Type				Serial Number					

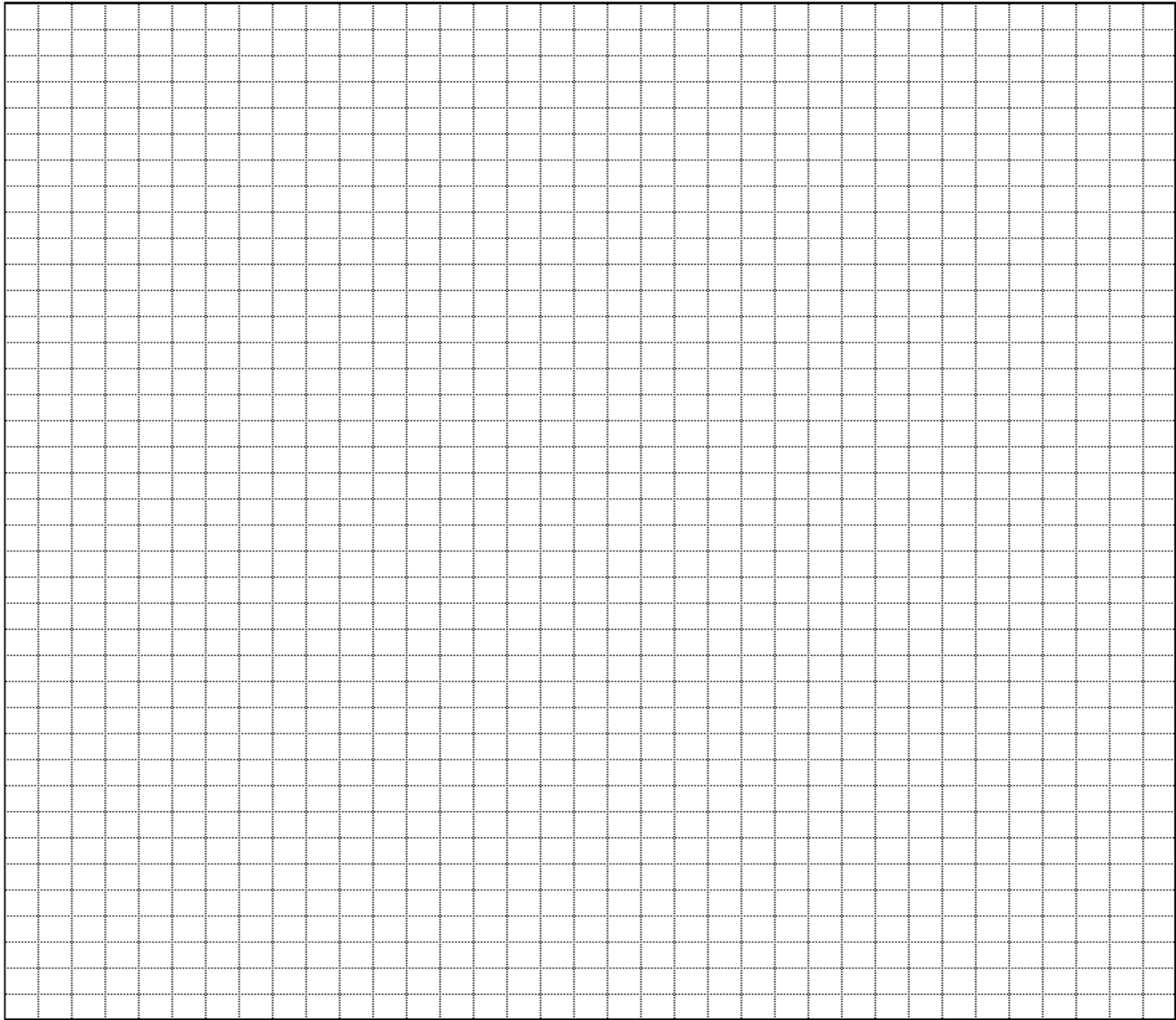
ENERGIZED INFORMATION

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

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 _____