KOLAR Document ID: 1670004

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:	
Address 2:	Feet from \( \sum \) North / \( \sum \) South Line of Section
City: State: Zip:+	Feet from
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)  Datum: NAD27 NAD83 WGS84
Wellsite Geologist:	
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD	Producing Formation:
Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Caud Date or Date Decembed TD Control of the Date	Quarter Sec TwpS. R
Spud Date or Date Reached TD Completion Date or 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 III Approved by: Date:						

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#### Page Two

Operator Name:				Lease Name:				Well #:				
Sec Tw	pS	S. R	Eas	st West	County:							
	, flowing an	d shut-in pres	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							gs must be emai	led to kcc-well-l	ogs@kcc.ks.go	v. Digital electronic log		
Drill Stem Tests (Attach Addit		1		Yes No		Lo		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 Log	s		Yes No Yes No Yes No								
			Rej	CASING	RECORD [	Nev		on, etc.				
Purpose of String		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	EEZE RECORD		'			
Purpose: Depth Top Bottom		Depth Top Bottom	Тур	pe of Cement	# Sacks Use	# Sacks Used Type and Per						
Perforate Protect Ca Plug Back												
Plug Off Z												
Did you perform     Does the volume     Was the hydraul	e of the total	base fluid of the	hydraulic	fracturing treatment		-	Yes yes Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three			
Date of first Produ Injection:	ction/Injectio	n or Resumed Pi	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>				
Estimated Production Oil Bbls. Per 24 Hours			Gas Mcf Water						Gravity			
DISPO	OSITION OF	GAS:		N	ETHOD OF CO	MPLET	ΓΙΟΝ:			DN INTERVAL: Bottom		
Vented	Sold	Used on Lease		Open Hole	_	Dually ( Submit A		nmingled nit ACO-4)	Тор	BOLLOTTI		
,	· I											
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	size:	Set A	: -	Packer At:							

Form	ACO1 - Well Completion					
Operator	River Rock Operating, LLC					
Well Name	INGELS 35-1 SWD					
Doc ID	1670004					

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	22	23	А	7	NA
Production	7.875	5.5	15.5	1268	А	210	NA