KOLAR Document ID: 1675089

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:	SecTwpS. R East West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR	Total Vertical Depth: Plug Back Total Depth:
☐ OG ☐ GSW	Amount of Surface Pipe Set and Cemented at: Feet
CM (Coal Bed Methane)	Multiple Stage Cementing Collar Used? Yes No
Cathodic Other (Core, Expl., etc.):	
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)
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Location of haid disposal in hadica offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
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 Approved by: Date:

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Page Two

Operator Name:					Lease Nan	ne:			Well #:	
SecTw	pS.	R	East	West	County:					
open and closed and flow rates if o	, flowing and s gas to surface ty Log, Final L	hut-in pressur test, along wi ogs run to obt	res, whe th final c ain Geo	ether shut-in pre chart(s). Attach ophysical Data a	ssure reached extra sheet if and Final Elect	I station more ric Log	c level, hydrostat space is needed	ic pressures, bo I.	ottom hole tempe	val tested, time tool erature, fluid recovery,
Drill Stem Tests T			Y	es No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to		ırvey	Y	es No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Report List All E. Logs R	t / Mud Logs	Í	Y	es No No No es No						
			Repo		RECORD [Nev	w Used	on. etc.		
Purpose of Str	ring i	ze Hole Drilled	Siz	ze Casing t (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING	/ SQU	EEZE RECORD			
Purpose: Perforate		Depth p Bottom	Туре	e of Cement	# Sacks Use	ed		Type and	Percent Additives	
Protect Ca										
Plug Off Zo										
Did you perform Does the volume Was the hydraul	e of the total bas	e fluid of the hy	draulic fra	acturing treatment		•	Yes ns? Yes Yes	No (If No, s	kip questions 2 an kip question 3) Ill out Page Three	,
Date of first Produc Injection:	ction/Injection or	Resumed Prod	uction/	Producing Meth	nod:		Gas Lift 🔲 O	ther (Explain)		
Estimated Produc Per 24 Hours		Oil Bb	ols.	Gas	Mcf	Wate	r Bb	ols.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GA	S: ed on Lease		N Open Hole	METHOD OF CO			nmingled	PRODUCTIO Top	ON INTERVAL: Bottom
	ed, Submit ACO-1			open note		-		mit ACO-4)		
Shots Per	Perforation	Perforation	on	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, Co	ementing Squeeze	Record
Foot	Тор	Bottom	1	Type	Set At			(Amount and Kii	nd of Material Used)	
TUBING RECORE	D: Size:		Set At:	,	Packer At:					

Form	ACO1 - Well Completion
Operator	Oneok Field Services LLC
Well Name	GB 95 NEW MARTIN 1
Doc ID	1675089

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16	10	8	20	Portland Cement	45	0

JANTZ LUMBER DO IT CENTER 200 W. EUCLID

PAGE NO

MCPHERSON, KS 67460 PHONE: (620) 241-4044

CUST # *5
TERMS: CASH/CHECK/BANKCARD
P.O. # ONEOAK

INV # G25693 DATE: 11/09/22 CLERK: DSB TERM # 556

CASH

REF. # PO # ONEOAK EST#

MID:		a	200.0
*		EA	EA
MID:*********7960		EA PALLET	EA 8810T BG PC
** PAYMENT RECEIVED ** ** PAID IN FULL ** BANKCARD PAYMENT BKCRD#XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Project 340504910	WOOD PALLET (QUIKRETE, KBP) EMPTY PALLETS ARE RETURNABLE FOR CREDIT	8X8-10' TREATED YP ROUGH CCA PORTLAND CEMENT 94# BAG
212.38		Н	SUG.PRICE
XR:625693 5212.38 TAXABLE NON-TAXABLE SUB-TOTAL SUB-TOTAL TOTAL TOTAL TOTAL TOTAL INVOICE		25.00 /EA	PRICE/PER 139.00 /EA 18.99 /BG
			EXTENSION 834.00 3,798.00

X Phone Transaction