KOLAR Document ID: 1676331

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 Name:			Well #:		
Sec Twp.	S. R.	Ea	st West	County:					
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample	
Samples Sent to G	eological Surv	ey	Yes No	Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		Re			New Used	ion, etc.			
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l			
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	Used Type and Percent Additives				
Protect Casi									
Plug Off Zon									
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,	
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:	
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom	
,	Submit ACO-18.)								
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record	
TUBING RECORD:	Size:	Set /	At:	Packer At:					
. 5513   1200  10.	5120.		···	. 30.0.71					

Form	ACO1 - Well Completion
Operator	Oneok Field Services LLC
Well Name	GB 27 REPLACEMENT KONOLD MARTIN 1
Doc ID	1676331

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17	10.75	8	250	Portland	225	0



## Oneok quote 11.28.22\_000219

PDF - 537 KB



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Acid	& Cement	图

BOX 438 - HAYSVILLE, KANSAS 67060 316-524-1225

			DATE	2-Nov	2022
AUTHORIZE	D BY: Oned	ok			
		(NAME OF CUSTOMER)			
dress		City	State	KS	
O TREAT WE S FOLLOWS	LL Lease	Well NoCus	stomer Order No.		
ec. Twp.		County	State	KS	
ONDITIONS: As a part e held liable for any di aplied, and no represe eatment is payable. The our invoicing department	amage that may accruentations have been re- bentations have been re- here will be no discount in accordance with	hereof it is agreed that Copeland Acid is to service or treat at owners risk, the hereinbefore mentioned we use in connection with said service or treatment. Copeland Acid Service has made no representation, expressed as to what may be the results or effect of the servicing or treating said well. The consideration of an allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to latest published price schedules.  Inself to be duly authorized to sign this order for well owner or operator.	ssed or said service or		
HIS ORDER MUST EFORE WORK IS		By			
EFORE WORK IS	COMMENCED	Well Owner or Operator		Agent	
CODE	QUANTITY	DESCRIPTION	UNIT COST	,	AMOUNT
20.0001	120	Mileage P.U.	\$4.00		\$480.00
20.0002	120	Mileage P.T.	\$6.00		\$720.00
20.0005	1	Pump Charge Surface	\$1,150.00		\$1,150.0
20.1001	225	Common Cement Sack	\$16.75		\$3,768.7
20.1012	13	Calcium Chloride per 50 lb.	\$42.00		\$546.0
20.0011	238	Bulk Charge	\$1.25		\$297.5
20.0011	654		\$1.10	+-	\$719.4
20.0012	004	Process License Fee on Gallons	Ψ1.10	+	Ψ110.4
		TOTAL BILL	ING	+	\$7,681.6
manner und		aterial has been accepted and used; that the above service was perform on, supervision and control of the owner,operator or his agent, whose si	ned in a good and		
Station G	В	John			
Remarks		We	ell Owner, Operator or A	gent	
		NET 30 DAYS			