





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	Number of Sacks Used	Type and Percent Additives
Surface	17	10.75	8	250	Portland	225	0



## PDF - 537 KB



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

DATE 2-Nov 2022

Address \_\_\_\_\_ City \_\_\_\_\_ State KS

Sec. Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County \_\_\_\_\_ State KS

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

Well Owner or Operator

By \_\_\_\_\_  
Agent

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Station GB

John \_\_\_\_\_  
Well Owner, Operator or Agent

Remarks

**NET 30 DAYS**

