

Confidentiality Requested:

 Yes  NoKANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISIONForm ACO-1  
January 2018Form must be Typed  
Form must be Signed  
All blanks must be FilledWELL 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 Date Reached TD Completion Date or  
Recompletion Date 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: \_\_\_\_\_ (e.g. xx.xxxxx), Long: \_\_\_\_\_ (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 DistributionALT  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](mailto: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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

<b>CASING RECORD</b> <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:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Explain) _____				
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 (If vented, Submit ACO-18.)		METHOD OF COMPLETION:  <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4)			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 (Amount and Kind of Material Used)	
TUBING RECORD: Size: Set At: Packer At:						

Form	ACO1 - Well Completion						
Operator	Natural Gas Pipeline Company of America LLC						
Well Name	AMA 427 1						
Doc ID	1708034						

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	14	10.750	9.1	20	Bentonite	15	N/A



## DEEP GROUNDBED DRILL LOG & RECTIFIER FORM

### CLIENT INFORMATION

Client	Kinder Morgan			Job Number	2022-0379		
Facility	AMA 427 DW-1			Customer Contact	Kevin Brown		
City	Morrowville	County	Washington	State	Ks	Phone No.	308-325-3563

### DEEP GROUNDBED & DRILLING LOG INFORMATION

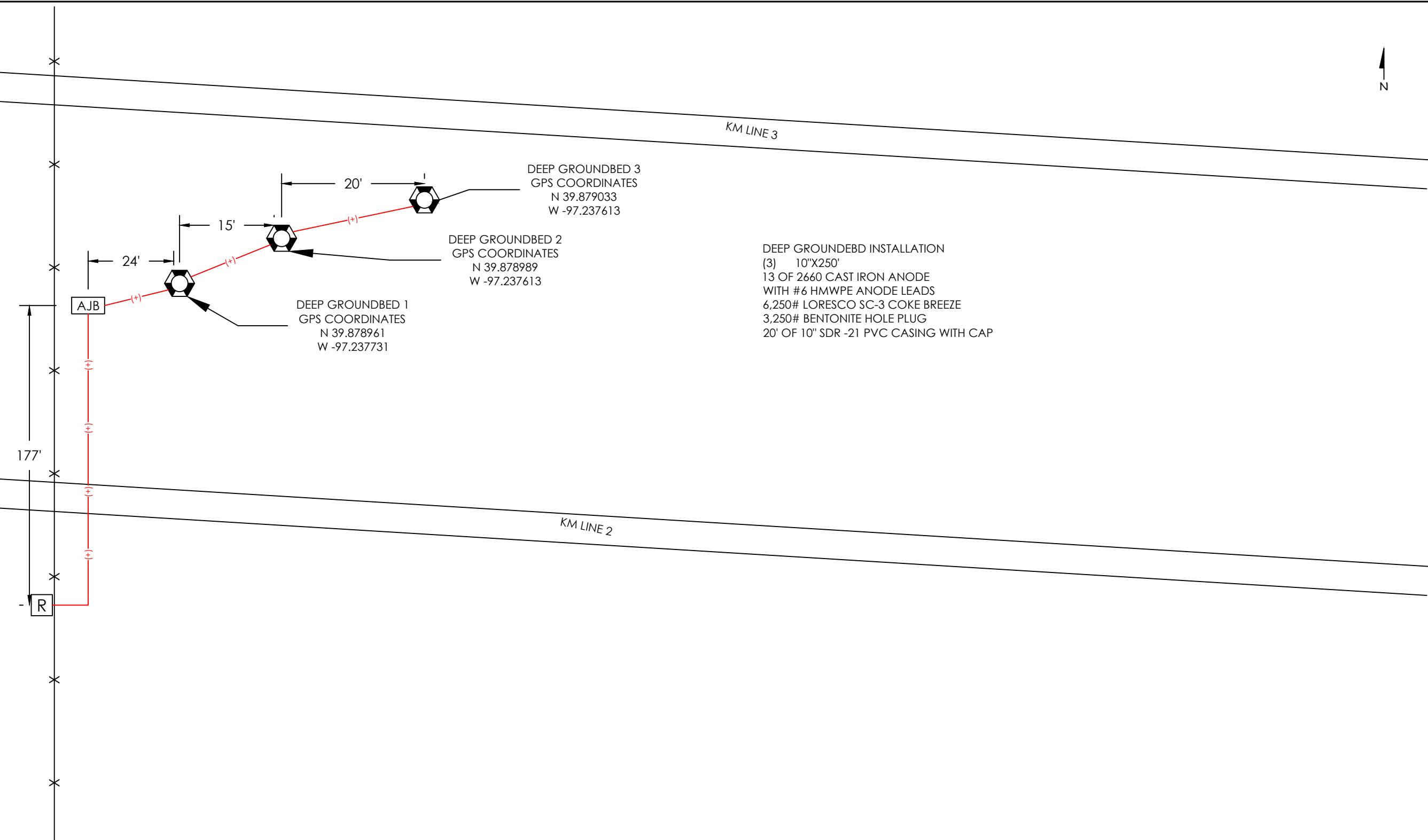
New Installation  Existing Rectifier

Hole Dia.	10"	Total Depth	250'	Casing Feet	20'	Dia.	10"	Type	SDR-21 PVC	Groundbed GPS
No. Anodes	13	Size & Type	2660 cast Iron	Anode Lead	300'	Size	#6	Type	HWMPE	N 39.878961
Lbs. Coke	6250	Coke Type	SC3	Top of Coke Column	76'			Vent	180'	W -97.237731
Lbs. Plug	2300	Plug Type	bentonite	Top of Plug	3'			Logging Volts	13.2	

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							205		5				11.8
5							210	Tan Clay					1.6
10	Casing						215		4				10.8
15							220	Sandy Clay					1.4
20	Casing						225		3				8.3
25							230	Sandy Clay					1.4
30	Tan Clay		1.5				235		2				7.3
35							240	Sandy Clay					1.3
40	Tan Clay		1.7				245		1				3.5
45							250	Sandy Clay					1.4
50	Tan Clay		1.6				255						
55							260						
60	Tan Clay		1.4				265						
65							270						
70	Tan Clay		1.6				275						
75							280						
80	Sand stone		.8				285						
85							290						
90	Sand stone		.6				295						
95							300						
100	Tan Clay		1.1				305						
105							310						
110	Tan Clay		1.3				315						
115							320						
120	Tan Clay		1.4				325						
125		13		8.0			330						
130	Tan Clay		1.3				335						
135		12		8.3			340						
140	Tan Clay		1.0				345						
145		11		9.1			350						
150	Tan Clay		1.3				355						
155		10		10.1			360						
160	Tan clay		1.3				365						
165		9		12.5			370						
170	Tan Clay		1.5				375						
175		8		12.9			380						
180	Tan Clay		1.6				385						
185		7		12.9			390						
190	Tan Clay		1.5				395						
195		6		11.5			400						
200	Tan Clay		1.6							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			



REVISIONS					
No.	Description	Drawn By:	Date	Chk'd By:	Date

DEEP GROUNDBED LEGEND	
◆ DEEP GROUNDBED	— POSITIVE CABLE
■ AJB	— NEGATIVE CABLE
▲ NEG. CONNECTION	— PIPELINE ASSETS
■ R	— RECTIFIER

Drawn by:	Date:
CHALL	2/16/2023
Checked by:	Date:
AAS	2/21/2023



CATHODIC PROTECTION LAYOUT		
AMA 427		
DEEP GROUNDBED INSTALLATION		
MORROWVILLE	Project No: 2022-0379	Sheet No: 0 Revision: 0