

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 # \_\_\_\_\_

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

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: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (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 Distribution

ALT  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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <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:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

TUBING RECORD:	Size:	Set At:	Packer At:	
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Well Name: **MCWILLIAMS E-7**

API/UWI 150552248401	Lease Line Legal Desc SE/4 Sec. 21-24-33W 2145 FSL & 205 FEL	Field Name Cowgill	License #	State/Province KANSAS	Well Configuration Type
Original KB Elevation (ft) 2,899.00	KB-Tubing Head Distance (ft)	Original Spud Date	Rig Release Date	PBTD (All) (ftKB)	Total Depth All (TVD) (ftKB)

Job Category Completion/Workover	Primary Job Type Fracture Treatment	Secondary Job Type	Status 1
AFE Number 066815	Job Start Date 1/4/2021	Job End Date	Total AFE Amount (Cost) 74,320.00

Objective  
Fracture Treatment

Procedure

Contractor	Rig Number	Rig Type
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Rpt #	Start Date	End Date	Day Total (Cost)	Cum To Date (Cost)	Summary	Last Mod By
1.0	1/4/2021	1/4/2021	4,250.00	4,250.00	Crew drove rig to loc, filled up JSA, R/up rick's well service unit, unhang the well long stroke the pump for 10 min just light blow. Unset the pump tbg show light vaccum and R/up 1-.25 rod tools and trip[ OTH w/ 1.25 x26' PR, 1.5 x14' PRL, 2 'x1" steel sub, 3 '9'1 8 x1.25 F-G subs, 53x1.25 F-G rods, 108 x7/8" guide rods, 9 x1.5 K-Bars w/ stblz, 26,000# sheer tool, 1 x1.5 K-Bar, 2.5x1.75 x22' Pump, R/up tbg tools Unflange well off, release TAC and trip OTH w/ 148 JTS 2-7/8" tbg, TAC @ 4833' 7-jTS, 19' desender @ 5081' tail pipe @ 5113' Go back ITH w/ 4-3/4" bit and csg scraper went down to 5065' w/ 148 jts, Trip OTH w/ tbg and lay down bit and scraper, shut well in, sdfn.	maragon
2.0	1/5/2021	1/5/2021	11,100.00	15,350.00	Crew drove to loc, filled up JSA, check shut in csg press 0-psi, R/up tbg tools and run ITH w/ C-F 5.5" RBP and seated @ 4980' w/ 153 JTS 2-7/8" tbg RBP 17' above Chester Upper Lower zone, J-off the RBP and N/down manual BOP, lay down 1 jt and flange well off, R/up Pro/stim water truck load csg and tbg w/ 105 bbls 4% KCL, press cgs test to 4200 psi held good for 30 min, bleed csg press off and flange well off R/up manual BOP and trip OTH w/ 152 jts and RH, R/up csg swab tools tag lfl @ 600' and swab csg down to 4300' rec back 102 bbls 4% KCL lay down swab tools, R/up excel wire line and perforate Upper Mrrow Sand from 4896' to 4902' 4Spf 24 holes, R/down excel wire line R/up csg swab tools by 4:00 pm tag lfl @ 4300 w/ 10% oil first run, first hr rec 12 bbls trace of oil w/ 4 csg swab runs, Ffl @ 4870 csg in vacc behind swab run, wait 30 min and make another swab run well was dry to 4300' lay swab toolsa down, shut well in, sdfn, crew travel.	maragon
3.0	1/6/2021	1/6/2021	3,600.00	18,950.00	Crew drove to loc, Filled up JSA, check shut in csg press 5-psi, R/up csg swab tools and tag lfl @ 4700' trace of oil, first hr rec 3 bbls of water w/ 2 swab runs Ffl @ 4850' lay down swab tools, R/up tbg tools and N/up manual BOP, run 5.5" RBP w/ 5 jts set it @ 165' J-off it trip OTH w/ tbg and RH, R/up pro/stim pump truck and load csg w/ 4 bbls and press test frac valve to 4200 psi for 30 min ok, bleed csg press off latch on RBP trip tbg OTH and lay down RBP, put flange on top of frac valve, shut well in, sdfn, crew travel.	maragon
4.0	1/7/2021	1/7/2021	42,100.00	61,050.00	Crew drove to loc, filled up JSA, R/up gore nitrogen frac tools, frac well w/ Total Load 302 bbls, total X frac 250 bbls, Total L frac 52 bbls total 16/30 18,154 Lbs, Total N2 591,000 SCF, average rate 24 Bpm, Max rate 26 Bpm, Average pressure 2550 Psi, Max pressure 2934 psi ISIP 2538 Psi, 5-min 2382 psi, R/down gore nitrogen and wait till 1:30 pm check shut in csg press 2030 psi, open well on 1/4" C -N from 1:30 to 2:30 flow back 27 bbls foame water, no sand no oil, flow well back for 5 hrs flow back 52 bbls of foame water, last 2 hrs didn't make any fluid, shut well in, sdfn.	maragon