KOLAR Document ID: 1708409

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
January 2018
Form must be Typed
Form must be Signed
All blanks must be Filled

Address 2:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	
Contact Person:	Address 2:	Feet from \(\sum \) North / \(\sum \) South Line of Section
Phone: (City: State: Zip:+	Feet from
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name:	CONTRACTOR: License #	GPS Location: Lat:, Long:
Wellstie Geologist: Purchaser:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Purchaser: Designate Type of Completion: New Well Re-Entry Workover Oil WSW SWD Gas DH EOR OG GSW Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: Operator: Well Name: Deepening Re-perf. Conv. to EOR Conv. to Producer Deepening Re-perf. Conv. to EOR Conv. to Producer Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #: GSW Permit #: GSW Permit #: Dease Name: Well #: Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Attention: Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Attention: Field Name: Producing Formation: Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Attention: Field Name: Producing Formation: Elevation: Ground: Kelly Bushing: Blush Name: Otal Depth: Plug Back Total Depth: Fe Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: W/ sx o If Alternate II completion, cement circulated from: feet depth to: W/ sx o Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: ppm Fluid volume: bit Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Twp. S. B. East W.	Wellsite Geologist:	
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.): Well Name: Producing Formation: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: Fe Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: If Alternate II completion, cement circulated from: feet depth to: Well Name: Producing Formation: Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Fe Wultiple Stage Cementing Collar Used? Yes No If yes, show depth set: Fe depth to: W/ Sx c Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Chloride content: Dewatering method used: Dewatering method used: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Lease Name: License #: Quarter Sec. Two. S. B. East We	Purchaser:	
New Well	Designate Type of Completion:	
Gil	☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ OG □ GSW □ CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: □ Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: □ Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: □ Coperator: If Alternate II completion, cement circulated from: □ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer □ Commingled □ Permit #: □ Dewatering method used: □ Dual Completion □ Permit #: □ Dewatering method used: □ Dewatering method used: □ Location of fluid disposal if hauled offsite: ○ Operator Name: □ Conv. to Result Well. Conv. to Find the Provided Provid		Producing Formation: Kelly Bushing:
CM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		Amount of Surface Pipe Set and Cemented at: Feet
If Workover/Re-entry: Old Well Info as follows: Operator:		
Operator:	_ , , , , ,	If yes, show depth set: Feet
Original Comp. Date: Original Total Depth: Deepening	Operator:	If Alternate II completion, cement circulated from:
Deepening Re-perf. Conv. to EOR Conv. to SWD Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #:	Well Name:	feet depth to:w/sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer Commingled Permit #:	Original Comp. Date: Original Total Depth:	·
Commingled Permit #:		
Dual Completion Permit #:	Commingled Permit #	Chloride content:ppm Fluid volume: bbls
SWD Permit #:		Dewatering method used:
GSW Permit #: Operator Name: License #: License #: Ouarter Sec. Twp. S. B.		Location of fluid disposal if hauled offsite:
GSW Permit #: Lease Name: License #: License #:	EOR Permit #:	Oneveter Neme
——————————————————————————————————————	GSW Permit #:	
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Completion 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:	