

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) (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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# CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

**CLIENT INFORMATION**

Client	Kinder Morgan	Job Number	2022-0410
Facility	AMA 440 DW-4	Customer Contact	Kevin Brown
City	Morrowville	County	Washington
State	KS	Phone No.	

**DEEP GROUND BED & 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	350'	Size	#6	Type	HWMPE	N 39.984525
Lbs. Coke	5250	Coke Type	SC3	Top of Coke Column	55'	Vent	160'	W	-97.125089	
Lbs. Plug	1800	Plug Type	Bentonite	Top of Plug	3	Logging Volts	12.8			

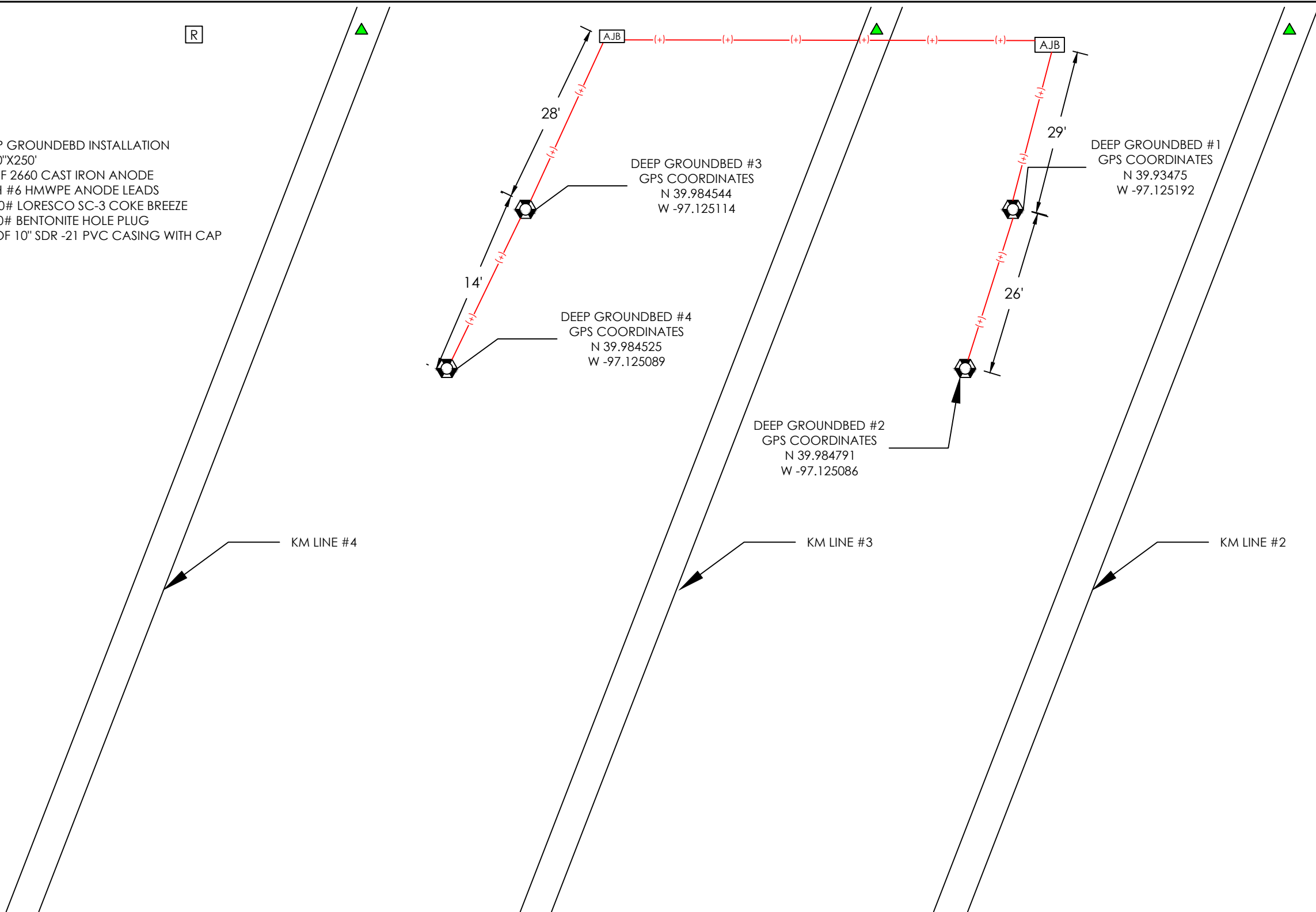
Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				
			Volts	Amps Before	Amps After	Remarks				Volts	Amps Before	Amps After	Remarks	
0														
5						205		5						
10	Casing					210	Red clay					1.1		
15						215		4					6.6	
20	Casing					220	Red clay					1.3		
25						225		3					5.9	
30	Grey clay			.5		230	Red clay					.9		
35						235		2					6.0	
40	Grey clay			.4		240	Red clay					1.1		
45						245		1					5.4	
50	Grey clay			1.0		250	Red clay					1.2		
55						255								
60	Sand			.1		260								
65						265								
70	Sand			.1		270								
75						275								
80	Sand			.2		280								
85						285								
90	Sandy			.5		290								
95						295								
100	Sand			.5		300								
105						305								
110	Sandy clay			1.3		310								
115						315								
120	Sandy clay			.5		320								
125		13			8.3	325								
130	Red clay			1.1		330								
135		12			8.1	335								
140	Red clay			1.4		340								
145		11			8.9	345								
150	Red. Clay			1.1		350								
155		10			9.8	355								
160	Red clay			1.2		360								
165		9			9.7	365								
170	Red clay			1.3		370								
175		8			9.0	375								
180	Red clay			1.2		380								
185		7			8.6	385								
190	Red clay			1.2		390								
195		6			8.4	395								
200	Red clay			1.0		400								
							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		

DEEP GROUNDBED INSTALLATION  
 (4) 10"X250'  
 13 OF 2660 CAST IRON ANODE  
 WITH #6 HMWPE ANODE LEADS  
 5,250# LORESCO SC-3 COKE BREEZE  
 1,500# BENTONITE HOLE PLUG  
 20' OF 10" SDR -21 PVC CASING WITH CAP

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DEEP GROUNDBED #3  
 GPS COORDINATES  
 N 39.984544  
 W -97.125114

DEEP GROUNDBED #1  
 GPS COORDINATES  
 N 39.93475  
 W -97.125192

DEEP GROUNDBED #4  
 GPS COORDINATES  
 N 39.984525  
 W -97.125089

DEEP GROUNDBED #2  
 GPS COORDINATES  
 N 39.984791  
 W -97.125086

KM LINE #4

KM LINE #3

KM LINE #2

REVISIONS

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

DEEP GROUNDBED LEGEND

	DEEP GROUNDBED		POSITIVE CABLE
	ANODE JBOX		NEGATIVE CABLE
	NEG. CONNECTION		PIPELINE ASSETS
	RECTIFIER		

Drawn by:	Date:
CHALL	3/19/2023
Checked by:	Date:
AAS	5/4/2023



CATHODIC PROTECTION LAYOUT  
 AMA 440  
 DEEP GROUNDBED INSTALLATION

MORROWVILLE	KS
Project No:	Revision:
2022-0410	0
Sheet No:	0