KOLAR Document ID: 1715827

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

Address 2:	OPERATOR: License #	API No.:					
Address 2:	Name:	Spot Description:					
City:	Address 1:	SecTwpS. R					
Footages Calculated from Nearest Outside Section Corner:   Phone: (	Address 2:	Feet from North / South Line of Section					
NE	City:	Feet from _ East / _ West Line of Section					
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Name:         (e.g. xxxxxxxx)         (e.g. xxxxxxxxx)           Wellsite Geologist:         Datum: NAD27 NAD83 WGS84           County:         County:         Lease Name:         Well #:           Designate Type of Completion:         Field Name:         Well #:           Designate Type of Completion:         Field Name:         Field Name:         Field Name:         Field Name:         Froducing Formation:         Elevation: Ground:         Kelly Bushing:         Field Name:         Founty:         Mell Name:         Founty:         Plug Back Total Depth:         Amount of Surface Pipe Set and Cemented at:         Fee         Fee         Multiple Stage Cementing Collar Used?         Yes No         If yes, show depth set:         Fee         If Alternate II completion, cement circulated from:         feet depth to:         w/         sx cm           Original Comp. Date:         Original Total Depth:         Depending         Re-perf.         Conv. to EOR         Conv. to Froducer           Deepening         Re-perf.         Conv. to GSW         Conv. to Producer         Conv. to Froducer         Prilling Fluid Management Plan         Choride content:         ppm Fluid volume:         bble           Dewatering method used:         Location of fluid disposal if hauled offsite:         Choration of fluid disposal if hauled offsite:         Operator Name:	Phone: ( )	□NE □NW □SE □SW					
Datum: NAD27 NAD83 WGS84	CONTRACTOR: License #	GPS Location: Lat:, Long:					
Designate Type of Completion:	Name:						
Designate Type of Completion:   New Well	Wellsite Geologist:						
Designate Type of Completion:  New Well Re-Entry Workover Gas DH EOR Gas DH EOR GGW GSW Cathodic Other (Core, Expl., etc.):  Well Name:  Original Comp. Date: Deepening Re-perf. Conv. to EOR Conv. to GSW Conv. to Producer  Commingled Permit #: Dual Completion Permit #: SWD Permit #: GSW Permit #:  ONG GSW SWD SWD Permit #: DOII MSWW SWD SWD SWD SWD SWD SWD SWD SWD SWD	Purchaser:						
New Well	Designate Type of Completion:						
Goli WSW SWD   Gas DH EOR   OG GSW   CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Fee   Multiple Stage Cementing Collar Used? Yes No    If Workover/Re-entry: Old Well Info as follows:  Operator:   Well Name: Original Comp. Date: Original Total Depth:   Swp. Permit #: Dual Completion   Permit #: Dual Completion   Permit #: Dual Completion   Permit #: Depth:   Depth: Date: Date   Permit #: Depth:	New Well Re-Entry Workover	Field Name:					
Gas DH EOR   OG GSW   CM (Coal Bed Methane) Amount of Surface Pipe Set and Cemented at: Fee   Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No   If Workover/Re-entry: Old Well Info as follows: If yes, show depth set: Fee   Operator: Helly Bushing: Total Vertical Depth: Multiple Stage Cementing Collar Used? Yes No   If yes, show depth set: Fee   If Alternate II completion, cement circulated from: feet depth to: W/ sx cm    Despening Re-perf. Conv. to EOR Conv. to SWD (Data must be collected from the Reserve Pit)  Chloride content: ppm Fluid volume: bbls   Devatering method used: Dewatering method used: Location of fluid disposal if hauled offsite:   Devatering method used: Devater		Producing Formation:					
□ OG       □ GSW         □ CM (Coal Bed Methane)       Amount of Surface Pipe Set and Cemented at:		Elevation: Ground: Kelly Bushing:					
Gathodic   Other (Core, Expl., etc.):   Multiple Stage Cementing Collar Used?   Yes   No		Total Vertical Depth: Plug Back Total Depth:					
If Workover/Re-entry: Old Well Info as follows:  Operator:  Well Name:  Original Comp. Date:  Deepening Plug Back Liner  Conv. to GSW Conv. to Producer  Dual Completion Permit #:  SWD Permit #:  GSW Permit #:  GSW  If yes, show depth set:  If Alternate II completion, cement circulated from:  w/ sx cm  Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  Chloride content:  Dewatering method used:  Dewatering method used:  Dewatering method used:  Doperator Name:  Operator Name:	CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet					
Operator:	Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No					
Well Name: Original Total Depth: 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 #: Dual Completion Permit #: EOR Permit #: Conv. to Producer    GSW Permit #: Original Total Depth: feet depth to: w/ sx cmid	If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet					
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to EOR Conv. to SWD   Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)    Commingled Permit #: Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite:    EOR Permit #: Operator Name: Operator Name:    Original Total Depth:    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: Operator Name:	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 #: Dual Completion Permit #: EOR Permit #: Commit #: Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name: Conv. to Producer   Chloride content: ppm Fluid volume: bbls	Original Comp. Date: Original Total Depth:						
Commingled         Permit #:							
Dual Completion Permit #:  SWD Permit #:  EOR Permit #:  GSW Permit #:  Operator Name:	Commingled Permit #:	Chloride content: ppm Fluid volume: bbls					
SWD     Permit #:		Dewatering method used:					
EOR         Permit #:		Location of fluid disposal if hauled offsite:					
GSW Permit #:   ·							
Lease Name: License #	GSW Permit #:	Operator Name:					
		Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East Wes	Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West					
Recompletion Date Recompletion Date County: Permit #:	·	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:							

KOLAR Document ID: 1715827

#### Page Two

Operator Name: _				Lease Name:			Well #:	
SecTwp.	S. R.	Ea	ast West	County:				
	flowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	. Digital electronic log
Drill Stem Tests Ta			Yes No		_	on (Top), Depth ar		Sample
Samples Sent to G	Geological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		R			New Used	on, etc.		
Purpose of Strir		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / S	QUEEZE RECORD	I		
Purpose:		epth Ty	pe of Cement	# Sacks Used	sed Type and Percent Additives			
Protect Casi								
Plug Off Zon								
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three (	,
Date of first Producti Injection:	ion/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			N INTERVAL: Bottom
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	, Submit ACO-18.)				· · · · · · · · · · · · · · · · · · ·			
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid	Fracture, Shot, Cer (Amount and Kind	menting Squeeze  I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 (1200) 10.	JIEG.			. 30.0.71				

Form	ACO1 - Well Completion
Operator	Owens Oil Company, LLC
Well Name	ELLIS, DOROTHY 18-05
Doc ID	1715827

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	10.25	7	17	40	Common	10	2%
Production	5.875	2.875	6.7	1016	Common	153	50/50 poz

THE NEW KLEIN LUMBER COMPANY... 201 W. NADISON P.O. BOX 805 10LA, KS 66749

PHONE: (620) 365-2201



DATE TIME CLERK JOB NO. PURCHASE ORDER NO. TERMS CUSTOMER NO. REFERENCE HET 16TH OF MONTH 3447

LAYMON OIL 11 1998 SQUIRKEL KD

NEOSHO FALLS KS 66758 A DELIVER TO SHOP L TUES NOWN 9:00

DOC# 68675 \* INVOICE \*

001 IOLAL IOLA

QUANTITY IIPPED  ORDERE	n UM SKU	DESCRIPTION	SUE SU	NITS PRICE/PER	EXTENSION
75 75	EA DOFA	PORTLAND CEMENT FLY ASH 80H	75 5	7.99 /EA 3.85 /EA	599,25 288,75
	30				
File of the second of the seco					
		** appoint charged to store	ACCOUNT ** 952		886×6E
ank You	u			non-taxable Subtotal	detild gravation
AGREED TO AND REC	EIVED BY			tax amount Total amount	CALNE.

CONSOLIDATED OIL WELL SERVICES, INC. 211 W. 14TH STREET, CHANUTE, KS.66720 620-431-9210 OR 800-467-8676 TICKET NUMBER 4953
LOCATION OFFICE WAS
FOREMAN Fred Wash

## TREATMENT REPORT & FIELD TICKET

				CEMENT		tt (344 - <u>1444 - 11</u> 1	1 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DATE	CUSTOMER#	WEL	NAME & NUME	)ER	SECTION	TOWNSHIR	RANGE	COUNTY
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CUSTOMER					TRUCK #	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	y mon	0.1	19	<b>†</b>	372	Fred		
	78 5au	scred Rod			164	Rich		
CITY	2	STATE	ZIP CODE		122	WALL		
Meach	o Falls	KS	66758	]	· · · · · · · · · · · · · · · · · · ·			
	ons string		57/8		1020	CASING SIZE & W	EIGHT <u> 必. 冷</u>	BUE
CASING DEPTH	1017	DRILL PIPE		TUBING	· · · · · · · · · · · · · · · · · · ·	CEMENT I SET IN	CASING 25	RubberPlus
SLURRY WEIGH	IT	SLURRY VOL_	<u></u>	WATER gai/si	× <u> </u>	CEMENT LEFT IN	77	-
DISPLACEMENT	1 <u>-59 BBL</u>	ODISPLACEMEN	11 491	MIN LOI		7 7 3 30 70	7 0 7	
REMARKS:	Estaloli	sh Circ	coloution	n Mi	x & Pump	150 -	o the suff	<i></i>
BB	LS Was	er Flo	s he	Mix of f		16 8/KS 5		m Mix
Can		% Cal +	My FI	oseal p		Corners V		<u>c</u> &
<u> </u>			an +	Displa	ce das	Ubben Pl	us to Ca	
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ACCOUNT	QUANITY OF UNITS	DESCRIPTION of SERVICES of PRODUCT	UNIT PRICE	TÖTAL
5401	2	PUMP CHARGE Commat PUMO, 164		76500
5406	250 m;	MILEAGE Pump Truck 164		15000
5407A	6.637	for Mileago 122		33,50
-5			<u> </u>	٠
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1124	153 5/4	50/50 Por Mix Coment		1155,5
1/183	9 - 4 3/48	Promine Gel		59 E
// 67	2 SKS	Flo Seal		€5.5 <u>£</u>
2/402	<i>)</i>	25" Rubber Play		1) 9
7.10				
7		SUB TOKAL		2563.83
		Tano 5.3%		69.81
	2 / 2 / 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
			SALES TAX	

FILE WOL 200628

ESTIMATED 2633 6

DATE

AUTHORIZTION