## KOLAR Document ID: 1725341

Confident	tiality Req	uested:
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	& I FASE
	III3IONI ·	- DESCRIF HOR		a LLASL

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD □ Gas □ DH □ EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR     Permit #:       GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West
Recompletion Date Reached TD Completion Date of Recompletion 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 III Approved by: Date:					

### KOLAR Document ID: 1725341

Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

rill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), Depth and Datum Sample				Sample		
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	Size Casing We Set (In O.D.) Lbs.			Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Depth   Perforate Top Bottom   Protect Casing Plug Back TD   Plug Off Zone Plug Addition		Туре	Type of Cement # S		# 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, skip question 3)									
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours		Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity				
DISPOSITION OF GAS:		Ν	METHOD OF COMPLETION: PRODUCTION INT			DN INTERVAL: Bottom			
Vented Sold Used on Lease Open Hole Perf. (If vented, Submit ACO-18.)			-	·	mingled	юр			
		Bridge Plug Set At							
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion		
Operator	Barnard, R.L. dba Barnard Oil Operations		
Well Name	GARTH-HESS 11		
Doc ID	1725341		

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	14	102	Portland	69	2% gel
Production	7.875	5.5	14	2001	Portland	119	2%