

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. 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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Cathodic Protection
Final Construction Report



MP 313
CASSODAY KS

Project Manager:
RUSTY GANN

Construction Completed:
APRIL 18, 2019

Reviewed By:
RUSTY GANN



Table of Contents

I. Overview

a. Scope of Work

Anode Installation

- The Existing 10" hole will be flushed out of old CP product, and reloaded with.
- (10) 2.5/100 Lida Anodes with #8 Halar leads.
- The hole will be pumped with Loresco SC-3 Coke Breeze.
- Bentonite hole plug will be installed from the top of the coke to 3' below the surface.
- Anode leads will terminate in a junction below the existing rectifier.
- A new PVC cap will be placed on existing Casing finished above grade, and guards placed around for protection.
- Haul-off box will be utilized for drilling operations.

Negative Pipe Connection

- The existing negative will be used.
- A new junction box will be installed near deep well.

Rectifier Installation

- The existing rectifier will be used.

b. **SAFETY-** "Each morning MESA crews conducted a job safety analysis meetings to review the potential hazards associated with the tasks that were going to be performed. The potential hazards were discussed with MESA personnel, all other participants and visitors on the job site for the day. Copies of the Job Safety Analysis (JSA) are attached:

II. Attachments

- a. Rectifier in-service -report
- b. Copies of Daily JSA's
- c. Photos
- d. Drill log

CONSTRUCTION RECTIFIER REPORT



1. CLIENT INFORMATION:

Client	PHILLIPS66	Job Number	10-18-2160
Facility	BLDG MP 313	Calibrated Instrument	FLUKE 177
County	BUTLER	State	KS
		Serial No.	40820338

2. RECTIFIER INFORMATION:

New Rectifier Existing Rectifier

Manufacturer	UNIVERSAL	Rectifier ID Number	BLDG MP 313		
Model No.	ASAI	Power Vendor			
Serial No.	30054	Acct #	KWH Meter #	KWH Reading	
DC Volts	60	AC Volts	115 / 230	Max Coarse	3
				Shunt Amp	75
DC Amps	60	AC Amps	44.5 / 22.2	Max Fine	6
				Shunt mV	50
GPS Coordinates	Latitude	N	37.973990	Longitude	W
					96.621265
RMU Type			Serial Number		

3. PRE-ENERGIZED CHECK LIST:

12 Lead Installed with Negative

Potentials (Volts - Fixed Reference Cell Method)				Potential Difference Neg. Cable vs. Structure		
Positive	-0.014	Negative	-1.192	Structure	DC Volts	-1.192

4. GROUND BED TYPE:

Conventional	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	FLUSH & RELOAD
Deep Well	<input checked="" type="checkbox"/>	Replacement	<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	
HDD	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	
LINEAR	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	
MESH	<input type="checkbox"/>	Replacement	<input type="checkbox"/>	New	<input type="checkbox"/>	

5. ENERGIZED INFORMATION:

No AC Power

Coarse Tap Setting	1	of	3	AC Volts	244	DC Volts	11.20	DC Amps	19.05
Fine Tap Setting	3	of	6	AC Amps	1.60	DC mV	12.70	Structure PS	-2.367
Calculated Ground Bed Resistance				0.59	Calculated Rectifier Efficiency				54.65%

6. JUNCTION BOX INFORMATION:

Anode Junction Box						Comments
Cir.	Amp	Cir.	Amp	Cir.	Amp	
1	2.37	11		21		
2	3.01	12		22		
3	1.34	13		23		
4	1.71	14		24		
5	1.39	15		25		
6	1.93	16		26		
7	1.94	17		27		
8	1.41	18		28		
9	1.82	19		29		
10	2.02	20		30		
Shunt	mV	Amp			18.94	

Remarks: _____

Technician/Foreman BRAD BREWER

Date 4/18/2019



Job No. 10-18-2160
 Client PHILLIPS66
 Location BLDG MP 313 KANSAS

PO/WO No. _____ Date 4/16/2019
 Drilling Co. BILLS WATER WELL DRILLING
 GPS: Lat: N37.974843 Long: W96.621470

Calibrated Instrument Used FLUKE 177

S/N 40820338

Depth	Logging Volts: 12.39		Geological Log	Depth	Logging Volts: 12.39		Geological Log	No.	Depth	No Coke	With Coke			
	Amps	Ohms			Amps	Ohms								
5				205	1.70	7.29		1	330'	3.20	3.70			
10				210	2.20	5.63		2	320	3.30	4.70			
15				215	2.20	5.63		3	310	2.50	3.50			
20				220	2.20	5.63		4	300	4.10	3.70			
25				225	2.20	5.63		5	290	3.10	3.20			
30				230	1.80	6.88		6	280	2.30	3.70			
35				235	2.20	5.63		7	270	2.30	3.50			
40				240	3.30	3.75		8	260	3.90	2.90			
45				245	3.40	3.64		9	250	1.80	3.30			
50				250	3.50	3.54		10	240	2.50	3.20			
55				255	3.50	3.54		11						
60				260	3.30	3.75		12						
65				265	2.90	4.27		13						
70				270	2.50	4.96		14						
75				275	2.60	4.77		15						
80				280	2.70	4.59		16						
85				285	3.60	3.44		17						
90				290	3.10	4.00		18						
95				295	2.80	4.43		19						
100				300	2.50	4.96		20						
105				305	2.40	5.16		21						
110				310	2.50	4.96		22						
115				315	2.80	4.43		23						
120				320	2.70	4.59		24						
125				325	2.70	4.59		25						
130				330	2.80	4.43		26						
135				335	2.80	4.43		27						
140				340	2.70	4.59		28						
145				345	2.70	4.59		29						
150				350	2.70	4.59		30						
155				355				31						
160				360				32						
165				365				33						
170				370				34						
175				375				35						
180				380				36						
185				385				37						
190				390					Volts	12.39	12.39			
195				395					Amps	29.00	35.40			
200	1.20	10.33		400					Ohms	0.43	0.35			
Hole Dia.:		10"	Total Depth:		350'		Casing: Feet:		200'	Dia.:		10"	Type:	SCH 40
No. Anodes:		10	Size and Type:		215/100 LIDA		Anode Lead:			Size:		#8	Type:	HALAR
Lbs. Coke:		5000#	Coke Type:		LORESCO SC-3		Top of Coke Column:		173'	Vent:		140'		
Lbs. Plug:		2500#	Plug Type:		BENTONITE		Top of Plug:		20'					



JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 4-12-19
 CUSTOMER: Phillips 66
 WORK ACTIVITY (JOB): mp 313
 JOB NUMBER: 10-18-2160
 JOB ADDRESS or COORDINATES:
 N37.974598 W 46.621356

Dig Ticket Number: 19136682
 MSDS/SDS available and reviewed: Y__N__
 ADDITIONAL TAILGATE TOPIC:

MUSTER POINT: GATE
 SECONDARY MUSTER POINT: GATE
 LOCATION OF FIRE EXTINGUISHER: P1170
 LOCATION OF FIRST AID KIT: P1170
 LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY:
 Susan B Allen Memorial Hospital
 720 W Central
 El Dorado KS 67043
 SCANNED AREA FOR UNMARKED UTILITIES N__N/A__
 SCANNERS SIGNATURE: *[Signature]*

Prepared By: *Dean Brewer*

ATTENDEES	
1. <i>Scott Stuart</i>	9.
2. <i>[Signature]</i>	10.
3. <i>[Signature]</i>	11.
4. <i>[Signature]</i>	12.
5. <i>[Signature]</i>	13.
6.	14.
7.	15.
8.	16.

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <input checked="" type="checkbox"/>	Face Shields/Goggles _____	Leather Gloves <input checked="" type="checkbox"/>
SAFETY Shoes <input checked="" type="checkbox"/>	Barricades _____	Kevlar Gloves & Sleeves _____
SAFETY Glasses w/side shields <input checked="" type="checkbox"/>	Fire Extinguishers <input checked="" type="checkbox"/>	Hearing Protection <input checked="" type="checkbox"/>
Cotton Gloves _____	Lock-Out/Tag-Out _____	Tag Lines for Crane Loads _____
Barrier Gloves <input checked="" type="checkbox"/>	Authorization to Work Permit <input checked="" type="checkbox"/>	SCBA, Cascade Air or Respirators _____
High-Vis Vests _____	Confined Space Entry Permit _____	Portable Weather Stations _____
FRC <input checked="" type="checkbox"/>	Atmospheric Monitor <input checked="" type="checkbox"/>	SAFETY Harness w/ Lifeline _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Dig Around CASING	Livestake, contact with unknown buried structures	Verify one-call, sweep Area
Set Drill Rig	objects that could vibrate loose	Inspect Before Raising, Rig personnel only
Flush Hole	pinch points, shoveling noise, pipe connections acidic water slips Trips Falls	proper PPE, Hearing protection, screw plug only, monitor water PH Flag or Remove all known tripping hazards



JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 4-13-19
 CUSTOMER: Phillips 66
 WORK ACTIVITY (JOB): mp 313
 JOB NUMBER: 10-18-2160
 JOB ADDRESS or COORDINATES:
 N37.974598 W96.621351

Dig Ticket Number: 19136682
 MSDS/SDS available and reviewed: Y__ N__
 ADDITIONAL TAILGATE TOPIC:

MUSTER POINT: GATE
 SECONDARY MUSTER POINT: GATE
 LOCATION OF FIRE EXTINGUISHER: 1170
 LOCATION OF FIRST AID KIT: 1170
 LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY:
 Susan B Allen Memorial Hospital
 220 W Central
 El Dorado KS 67042

Prepared By: BEND BREWER

ATTENDEES	
1. [Signature]	9.
2. [Signature]	10.
3. [Signature]	11.
4. [Signature]	12.
5. [Signature]	13.
6.	14.
7.	15.
8.	16.

SCANNED AREA FOR UNMARKED UTILITIES Y__ N__ N/A__
 SCANNERS SIGNATURE _____

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <u>X</u>	Face Shields/Goggles _____	Leather Gloves <u>X</u>
SAFETY Shoes <u>X</u>	Barricades _____	Kevlar Gloves & Sleeves _____
SAFETY Glasses w/side shields <u>X</u>	Fire Extinguishers <u>D</u>	Hearing Protection <u>X</u>
Cotton Gloves _____	Lock-Out/Tag-Out _____	Tag Lines for Crane Loads _____
Barrier Gloves <u>X</u>	Authorization to Work Permit <u>X</u>	SCBA, Cascade Air or Respirators _____
High-Vis Vests _____	Confined Space Entry Permit _____	Portable Weather Stations _____
FRC <u>X</u>	Atmospheric Monitor <u>X</u>	SAFETY Harness w/ Lifeline _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Flush Existing hole	Drain pipe connections overhead, swinging, Rotating, pinch points	Keep Guards in place, watch hand placement screw plug only, stay away from drain pipe side & rig
	Slips Trips Falls Back strain, noise VAC Truck hose connections	Keep worksite clutter free, use proper Lifting Techniques, Proper PPE, Inspect Lam Lock Fittings
	Acidic water	monitor + sample water Proper PPE



JSA must be revised upon change in scope or job site conditions. After job tasks are defined and associated hazards identified, a tail gate meeting to discuss hazards and the mitigation process will be held.

DATE: 4-15-19, 4-16-19
 CUSTOMER: Phillip 666
 WORK ACTIVITY (JOB): mp 313
 JOB NUMBER: 10-18-2160
 JOB ADDRESS or COORDINATES:
 N 37.974598 W 96.621356

Dig Ticket Number: 1913 6682
 MSDS/SDS available and reviewed: Y ___ N ___
 ADDITIONAL TAILGATE TOPIC:

MUSTER POINT: GATE
 SECONDARY MUSTER POINT: GATE
 LOCATION OF FIRE EXTINGUISHER: P1170
 LOCATION OF FIRST AID KIT: P1170
 LOCATION OF NEAREST EMERGENCY MEDICAL FACILITY:
 SUSAN B ALLEN Memorial Hospital
 720 W Central
 El Dorado 67042
 SCANNED AREA FOR UNMARKED UTILITIES Y ___ N ___ N/A ___
 SCANNERS SIGNATURE _____

Prepared By: Sean Brewer

ATTENDEES	
1. Sean Brewer	9.
2. Michael Fitzgerald	10.
3. Phillip 666	11.
4. [Signature]	12.
5.	13.
6.	14.
7.	15.
8.	16.

SAFETY EQUIPMENT REQUIRED TO DO THIS JOB: X=Required P=Prepared to Use

Hard Hats <u>X</u>	Face Shields/Goggles _____	Leather Gloves <u>X</u>
SAFETY Shoes <u>X</u>	Barricades _____	Kevlar Gloves & Sleeves _____
SAFETY Glasses w/side shields <u>X</u>	Fire Extinguishers <u>D</u>	Hearing Protection <u>P</u>
Cotton Gloves _____	Lock-Out/Tag-Out <u>P</u>	Tag Lines for Crane Loads _____
Barrier Gloves <u>X</u>	Authorization to Work Permit <u>X</u>	SCBA, Cascade Air or Respirators _____
High-Vis Vests _____	Confined Space Entry Permit _____	Portable Weather Stations _____
FRC <u>X</u>	Atmospheric Monitor _____	SAFETY Harness w/ Lifeline _____

SEQUENCE OF BASIC JOB STEPS	POTENTIAL ACCIDENTS OR HAZARDS	MITIGATION TO ELIMINATE OR REDUCE POTENTIAL HAZARDS
Flush existing coke + Anodes	overhead swinging Rotating, moving Equipment	Remain Alert and keep a safe distance from all moving Equipment position your body so you won't be in line of fire keep guards in place
	pitch points, making connections, swinging placing pipe in rack	stay focused and use proper tools for the task being performed. Be aware of body, hand and feet positioning screw plugs only, stay away from pipe side of rig
	loud noise, Slips Trips Falls	Ear protection in the vicinity of Drill Rig at all times Flag or remove all known tripping objects

