

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)</i> <i>(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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UNIT Sedan OPERATOR Bob Miller

P.O. Box 884  
Chanute, Kansas 66720  
Phone (316) 431-9210

**Ticket** 53028

# UNCONSOLIDATED OIL WELL SERVICES, INC.

Charge To <u>6-30-84</u>	Customer's Acct. No. <u>6206</u>	Sec. <u>5</u>	Twp. <u>31</u>	Range <u>10</u>	Well No. & Farm <u>Shree/ #15</u>	Place or Destination <u>N. of Moline</u>
Mailing Address <u>Patterson + Shree</u>			Owner			County <u>FIK</u>
City & State <u>Moline, Ks 67353</u>			Contractor <u>EDCO Drilling</u>			State <u>Ks.</u>

## CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface <input checked="" type="checkbox"/>	New	Bore Size <u>9 7/8</u>	Bottom	Circulating <u>50</u>	Requested
Production	Used <input checked="" type="checkbox"/>	Total Depth <u>52'</u>	Top	Minimum <u>0</u>	Necessity <input checked="" type="checkbox"/>
Squeeze	Size <u>7"</u>	Cable Tool	Head <u>BUFSW</u>	Maximum <u>100</u>	Measured
Pumping	Weight	Rotary	FLOAT EQUIPMENT	Sacks Cement <u>20</u>	
Other	Depth <u>41'</u>			Type & Brand <u>Portland Type A</u>	
	Type			Admixes <u>calcium</u>	

## FRACTURING - ACIDIZING SERVICE DATA

Type of Job \_\_\_\_\_ At Intervals of \_\_\_\_\_

Bbls Fracturing Fluid \_\_\_\_\_ Breakdown Pressure from \_\_\_\_\_ psi to \_\_\_\_\_ psi

Treating Pressures: Maximum \_\_\_\_\_ psi Minimum \_\_\_\_\_ psi Avg. Pump Rate \_\_\_\_\_ GPM/BPM Close In \_\_\_\_\_ psi

Sand \_\_\_\_\_ Gals. Treating Acid \_\_\_\_\_ Type \_\_\_\_\_ Open Hole Diameter \_\_\_\_\_

Well Treating Through: Tubing \_\_\_\_\_ Casing \_\_\_\_\_ Annulus \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_

Remarks: \_\_\_\_\_

No. Perforations \_\_\_\_\_ Pay Formation Name \_\_\_\_\_ Depth of Job \_\_\_\_\_ Ft. \_\_\_\_\_

## INVOICE SECTION

CEMENTING				FRACTURING - ACIDIZING			
Pumping Charge	Office \$	5401		Pumping Charge	Office \$		
Pumping Charge <u>Cementing</u>	Use \$	325.00		Pumping Charge	Use \$		
<u>20</u> Sacks Bulk Cement	@	1101	100.00	12x30 Sand	@		
Ton Mileage on Bulk Cement <u>54</u>	@	6401	52.00	10x20 Sand	@		
Premium Gel	@			x Sand	@		
Flo-Seal	@			Ton Mileage	@		
<u>1</u> Calcium Chloride	@	21.00	1303	21.00	@		
Plug	@			Gals., Acid	@		
	@			Chemicals	@		
Equipment	@				@		
	@				@		
	@				@		
	@			Potassium Chloride	@		
	@			Rock Salt	@		
Granulated Salt	@			Water Gel	@		
Transport Truck ( Hrs.)	@			Transport Truck ( Hrs.)	@		
Vac Truck ( <u>water</u> Hrs.)	@			Vac Truck ( Hrs.)	@		
Fuel Surcharge	@			Fuel Surcharge	@		
		Tax	<u>4.84</u>			Tax	

A Finance Charge computed at 1 3/4% per month (annual percentage rate of 21%) will be added to balance over 30 days.

Total \$ 500.84

Total \$

STATION Sedan OPERATOR Bob Miller

P.O. Box 884  
Chanute, Kansas 66720  
Phone (316) 431-9210

**Ticket** 53079

# CONSOLIDATED OIL WELL SERVICES, INC.

Date	Customer's Acct. No.	Sec.	Twp.	Range	Well No. & Farm	Place or Destination
7-12-84	6206	5	31	10	Sheel #15	W. of Moline
Charge To			Owner			County
Katherson + Sheel Oil						EIK
Mailing Address			Contractor			State
Box 36			EDCO Delg.			Ks.
City & State			Well Owner Operator Contractor			
Moline, Ks. 67353						

## CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New	Bore Size	Bottom	Circulating	Requested
Production	Used	Total Depth	Top	Minimum	Necessity
Squeeze	Size	2251	Head	Maximum	Measured
Pumping	Weight	Cable Tool	FLOAT EQUIPMENT		Sacks Cement
Other	Depth	Rotary			Type & Brand
	Type	mud			Admixes

*Handwritten notes: 4 1/2" size, 200 psi, 0 minimum, 200 maximum, 150 sacks, Portland Type A, Gel, Flo-Seal*

## FRACTURING - ACIDIZING SERVICE DATA

Type of Job: \_\_\_\_\_ At Intervals of \_\_\_\_\_

Bbls Fracturing Fluid: \_\_\_\_\_ Breakdown Pressure from \_\_\_\_\_ psi to \_\_\_\_\_ psi

Treating Pressures: Maximum \_\_\_\_\_ psi Minimum \_\_\_\_\_ psi Avg. Pump Rate \_\_\_\_\_ GPM/BPM Close In \_\_\_\_\_ psi

Sand \_\_\_\_\_ Gals. Treating Acid \_\_\_\_\_ Type \_\_\_\_\_ Open Hole Diameter \_\_\_\_\_

Well Treating Through: Tubing \_\_\_\_\_ Casing \_\_\_\_\_ Annulus \_\_\_\_\_ Size \_\_\_\_\_ Weight \_\_\_\_\_

Remarks: \_\_\_\_\_

No. Perforations \_\_\_\_\_ Pay Formation Name \_\_\_\_\_ Depth of Job \_\_\_\_\_ Ft. \_\_\_\_\_

## INVOICE SECTION

CEMENTING				FRACTURING - ACIDIZING			
Pumping Charge	Office Use	\$		Pumping Charge	Office Use	\$	
150 Sacks Bulk Cement	@		750.00	12x30 Sand	@		
Ton Mileage on Bulk Cement	@		NC	10x20 Sand	@		
12 Premium Gel	@		NC	x Sand	@		
1 Flo-Seal	@		NC	Ton Mileage	@		
Calcium Chloride	@			Gals., Acid	@		
Plug	@			Chemicals	@		
Equipment	@				@		
	@				@		
	@				@		
	@			Potassium Chloride	@		
	@			Rock Salt	@		
	@			Water Gel	@		
Transport Truck ( Hrs.)	@			Transport Truck ( Hrs.)	@		
Vac Truck ( Hrs.)	@			Vac Truck ( Hrs.)	@		
Fuel Surcharge	@			Fuel Surcharge	@		
		Tax				Tax	
		Total	\$ 780.00			Total	\$

*Handwritten notes: Cementing @ 750.00, NC, 30.00 tax*

A Finance Charge computed at 1% per month (annual percentage rate of 21%) will be added to balance over 30 days.

STATION Sedan OPERATOR Bob Miller

P.O. Box 884  
Chanute, Kansas 66720  
Phone (316) 431-9210

**Ticket**  
**5310**

# CONSOLIDATED OIL WELL SERVICES, INC.

Date	Customer's Acct. No.	Sec.	Twp.	Range	Well No. & Farm	Place or Destination
7-16-84	6206	5	31	10	Sheel # 15	W. of Moline
Charge To				Owner		County
Patterson + Sheel Oil						EIK
Mailing Address				Contractor		State
Box 36						Ks.
City & State				Well Owner Operator Contractor		
Moline, Ks. 67353						

## CEMENTING SERVICE DATA

TYPE OF JOB	CASING	HOLE DATA	PLUGS AND HEAD	PRESSURE	CEMENT LEFT IN CASING
Surface	New <input checked="" type="checkbox"/>	Bore Size <u>6 1/4</u>	Bottom	Circulating <u>300</u>	Requested <input checked="" type="checkbox"/>
Production <input checked="" type="checkbox"/>	Used	Total Depth <u>2188'</u>	Top	Minimum <u>0</u>	Necessity
Squeeze	Size <u>4 1/2</u>	Cable Tool	Head <u>PC</u>	Maximum <u>750</u>	Measured
Pumping	Weight	Rotary	FLOAT EQUIPMENT	Sacks Cement <u>150</u>	<u>8% Gel</u>
Other	Depth <u>2188'</u>			Type & Brand <u>Portland Type A</u>	
	Type			Admixes <u>Gel</u>	

## FRACTURING - ACIDIZING SERVICE DATA

Type of Job	At Intervals of				
Bbls Fracturing Fluid	Breakdown Pressure from	psi to	psi		
Treating Pressures: Maximum	psi	Minimum	psi	Avg. Pump Rate	GPM/BPM
Sand	Gals. Treating Acid	Type	Open Hole Diameter		
Well Treating Through: Tubing	Casing	Annulus	Size	Weight	
Remarks:					
No. Perforations	Pay Formation Name	Depth of Job	Ft.		

### CEMENTING

## INVOICE SECTION

### FRACTURING - ACIDIZING

Pumping Charge	Office \$	Pumping Charge	Office \$
Pumping Charge <u>Cementing@</u>	Use \$ <u>495.00</u>	Pumping Charge @	Use \$
<u>150</u> Sacks Bulk Cement @	<u>750.00</u>	12x30 Sand @	
Ton Mileage on Bulk Cement <u>24</u> @	<u>52.00</u>	10x20 Sand @	
<u>14</u> Premium Gel @ <u>6.00</u>	<u>96.00</u>	x Sand @	
Flo-Seal @		Ton Mileage @	
Calcium Chloride @		Gals., Acid @	
<u>1 1/2</u> Plug @	<u>22.00</u>	Chemicals @	
Equipment @		@	
Shot 4 holes in pipe at 2188' cement on up to top, stop plug at 2155'		@	
Granulated Salt @		Potassium Chloride @	
Transport Truck ( Hrs.) @		Rock Salt @	
Vac Truck ( <u>1 1/2</u> Hrs.) @	<u>57.00</u>	Water Gel @	
Fuel Surcharge @		Transport Truck ( Hrs.) @	
		Vac Truck ( Hrs.) @	
		Fuel Surcharge @	
	Tax <u>34.74</u>		Tax
	Total \$ <u>1507.34</u>		Total \$

A Finance Charge computed at 14% per month (annual percentage rate of 21%) will be added to balance over 30 days.