

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 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)</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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# CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

**CLIENT INFORMATION**

Client	Kinder Morgan			Job Number	2023-0211
Facility	AMA 434N DW-1			Customer Contact	Kevin Brown
City	Morrowville	County	Washington	State	KS
				Phone No.	+1 (308) 325-3563

**DEEP GROUND BED & DRILLING LOG INFORMATION**  New Installation  Existing Rectifier

Hole Dia.	10"	Total Depth	250'	Casing Feet	20'	Dia.	10"	Type	SDR21 PVC	Groundbed GPS	
No. Anodes	13	Size & Type	2660 cast iron	Anode Lead	300'	Size	#6	Type	HWMPE	N	39.944394
Lbs. Coke	5000	Coke Type	SC3	Top of Coke Column	45'	Vent	140'	W	-97.167208		
Lbs. Plug	1850	Plug Type	Bentonite	Top of Plug	3'			Logging Volts	12.9		

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			4.8		
10	Casing					210	Sandy Clay			1.3			
15						215		4			5.0		
20	Casing					220	Sandy Clay			1.4			
25						225		3			5.0		
30	Sand stone			.6		230	Sandy Clay			1.4			
35						235		2			4.1		
40	Sand stone			.5		240	Sandy Clay			1.2			
45						245		1			3.1		
50	Sandy clay			.6		250	Sandy Clay			1.3			
55						255							
60	Sandy clay			.8		260							
65						265							
70	Sandy clay			.9		270							
75						275							
80	Sandy clay			.8		280							
85						285							
90	Sandy Clay			.5		290							
95						295							
100	Sandy clay			1.2		300							
105						305							
110	Sandy Clay			1.3		310							
115						315							
120	Red clay			1.2		320							
125		13			8.6	325							
130	Red clay			1.6		330							
135		12			8.8	335							
140	Red clay			1.9		340							
145		11			8.7	345							
150	Red clay			1.3		350							
155		10			8.4	355							
160	Red clay			1.5		360							
165		9			8.1	365							
170	Red clay			1.5		370							
175		8			7.1	375							
180	Red clay			1.8		380							
185		7			4.7	385							
190	Sandy clay			1.2		390							
195		6			5.0	395							
200	Sandy Clay			1.3		400							
							Total						

**ANODE JUNCTION BOX INFORMATION**

ANODE JUNCTION BOX											COMMENTS
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	
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			

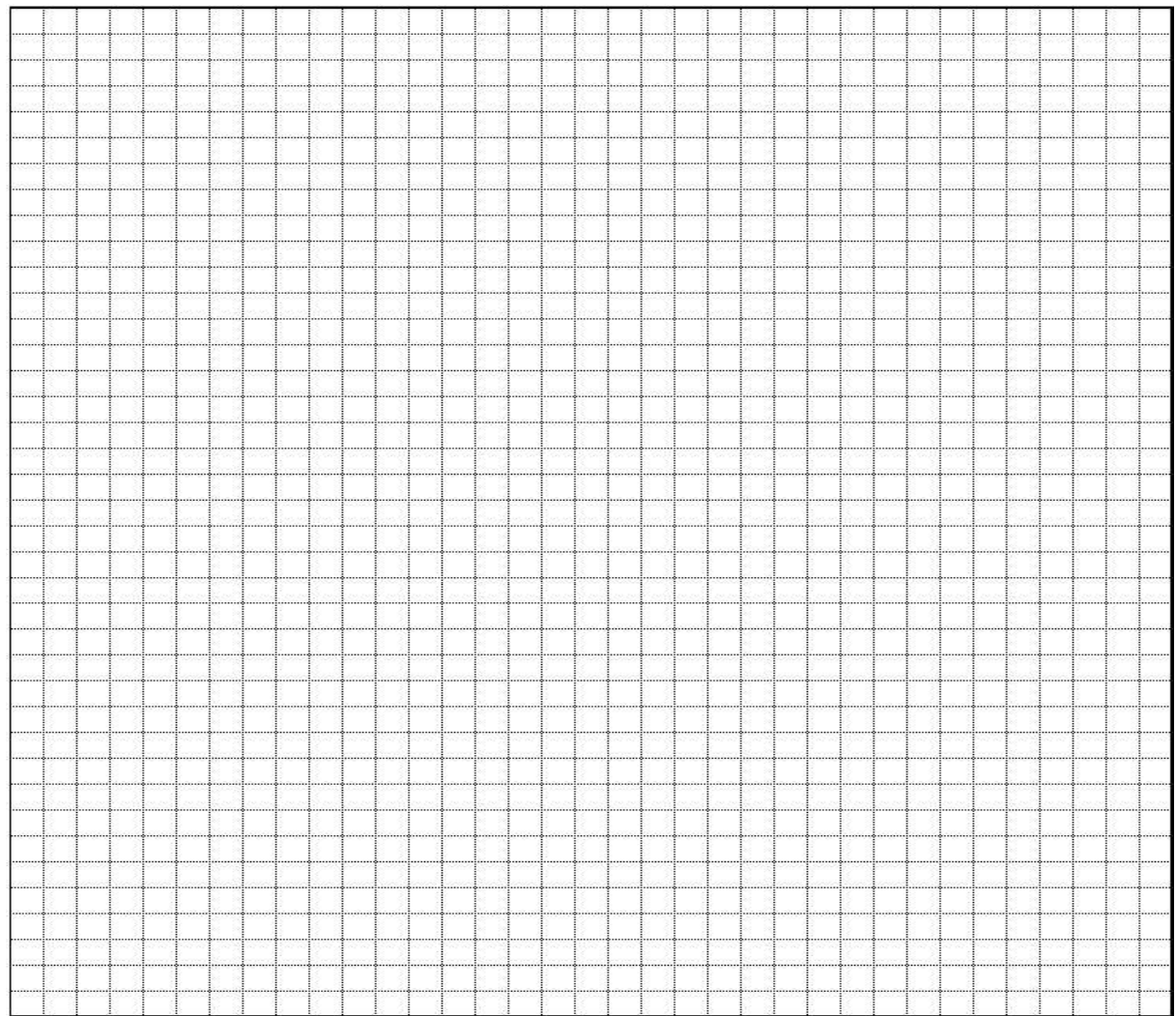
**RECTIFIER INFORMATION**

Manufacturer		Rectifier ID Number					
Model No.		DC Volts		AC Volts		Max Coarse	Shunt Amp
Serial No.		DC Amps		AC Amps		Max Fine	Shunt mV
GPS Coordinates	Latitude	N		Longitude	W		
RMU Type				Serial Number			

**ENERGIZED INFORMATION**       No A/C Power       #12 Lead Installed with Negative

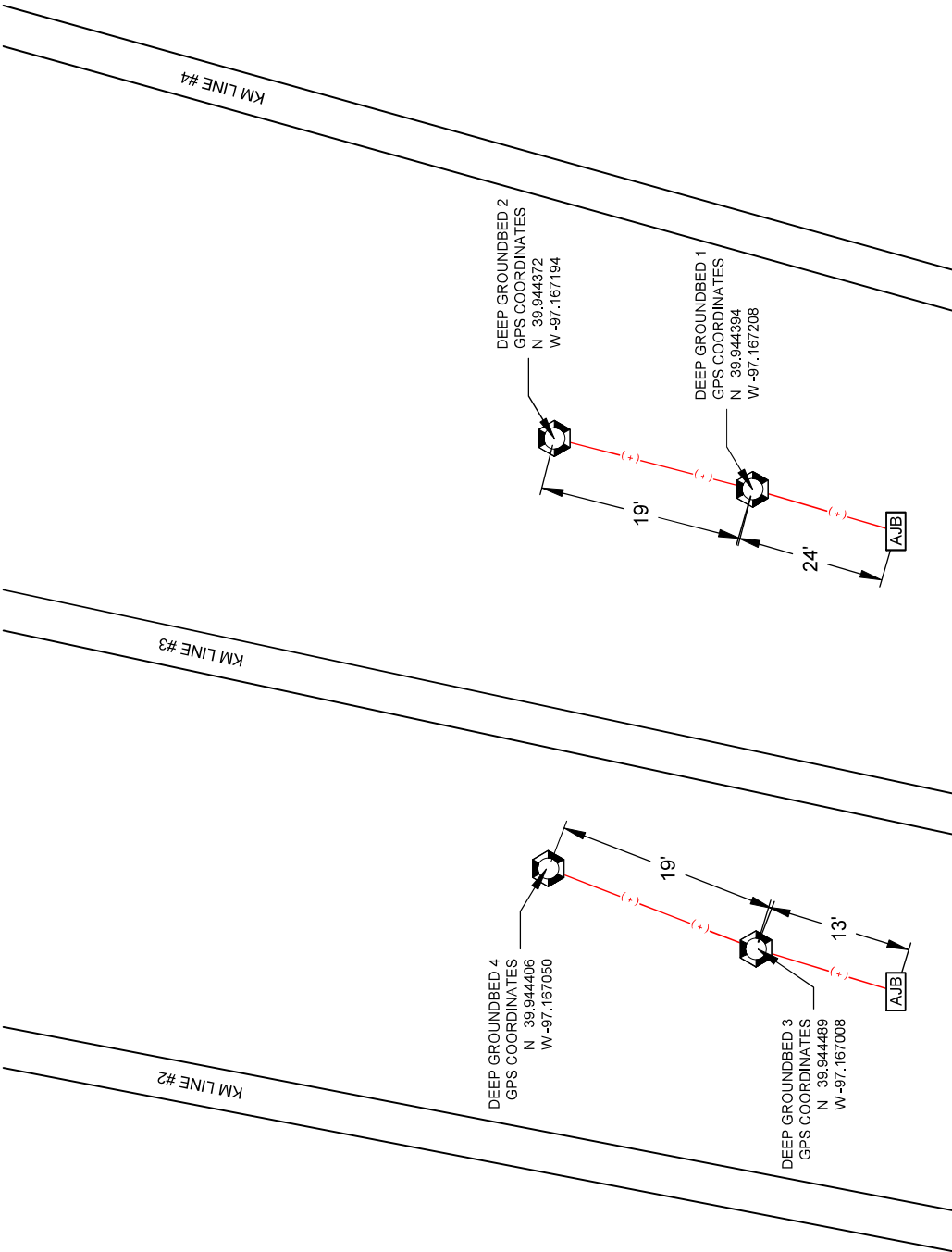
Coarse Tap Setting		of	AC Volts		DC Volts		DC Amps	
Fine Tap Setting		of	AC Amps		DC mV		Structure PS	
Calculated Ground Bed Resistance				Calculated Rectifier Efficiency				

**ASBUILT DRAWING**



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

Technician/Foreman \_\_\_\_\_ Date \_\_\_\_\_



DEEP GROUND BED INSTALLATION  
 (4) 10'X250'  
 13 OF 2860 CAST IRON ANODES  
 WITH #6 HMWPE ANODE LEADS  
 5,000# LORESSCO SC-3 COKE BREEZE  
 1,850# BENTONITE HOLE PLUG  
 20' OF 10" SDR-21 PVC CASING WITH CAP

REVISIONS		Date		Date	
No.	Description	Drawn By	Checked By	Drawn By	Checked By

DEEP GROUND BED ANODE JBOX NEG. CONNECTION RECTIFIER POSITIVE CABLE NEGATIVE CABLE PIPELINE ASSETS	<b>DEEP GROUND BED LEGEND</b> Date: 6/2/23 Drawn By: J. GREENFIELD Checked By: R. McCLAIN Date: 6/2/23	 <b>MERIDIAN PIPELINE SERVICES</b> CORROSION · INTEGRITY · CONSTRUCTION	<b>CATHODIC PROTECTION LAYOUT</b> AMA 434 <b>DEEP GROUND BED INSTALLATION</b> Project No. <b>2023-0211</b> Sheet No. 1 Revision: 0
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