

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				

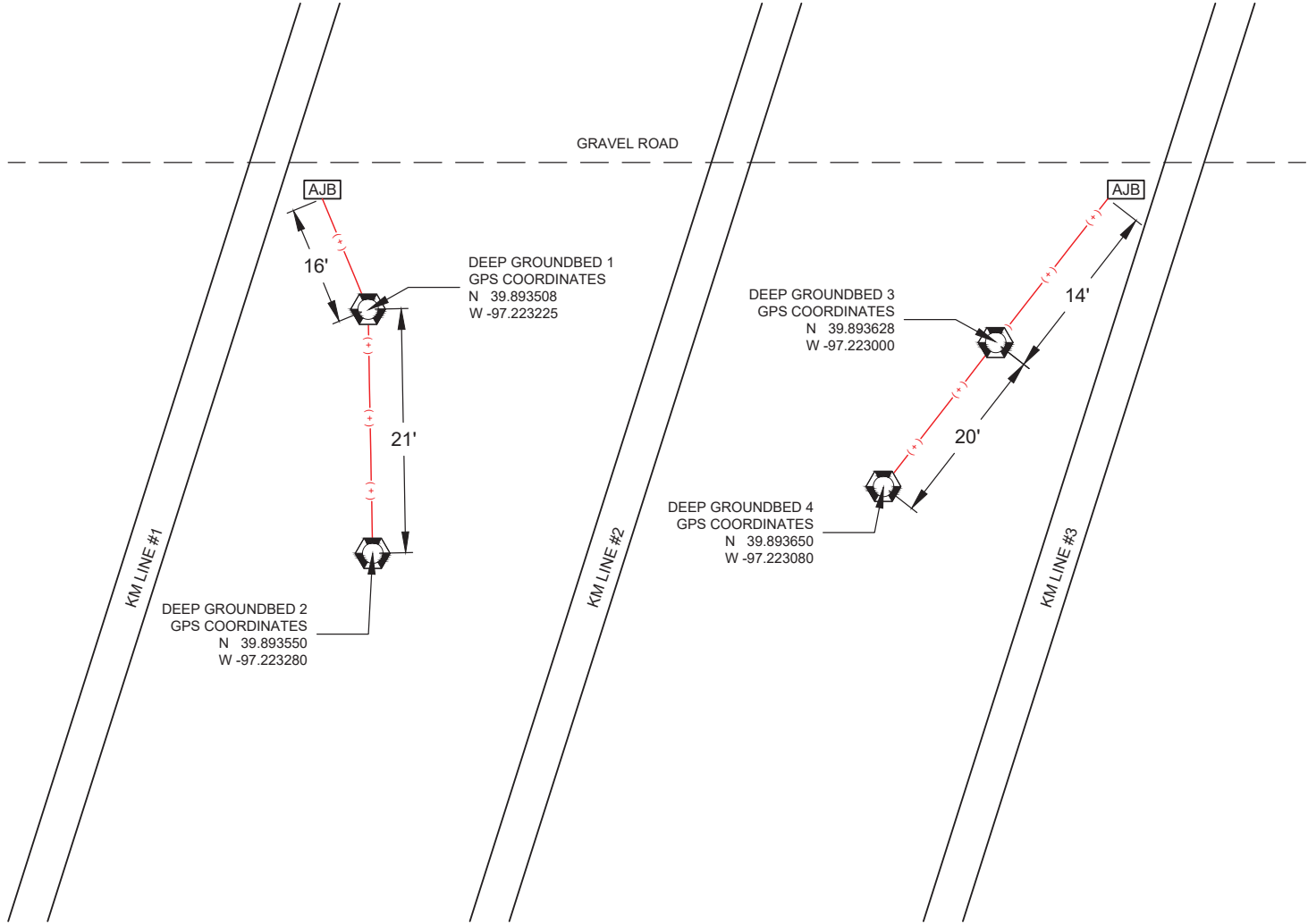
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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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DEEP GROUND BED INSTALLATION
 (4) 10'X250'
 13 OF 2660 CAST IRON ANODES
 WITH #13 HMWPE ANODE LEADS
 5,000# LORESCO SC-3 COKE BREEZE
 1,300# BENTONITE HOLE PLUG
 20' OF 10" SDR-21 PVC CASING WITH CAP

REVISIONS					
No.	Description	Drawn By:	Date	Chk'd By:	Date

DEEP GROUND BED LEGEND			
	DEEP GROUND BED		POSITIVE CABLE
	ANODE JBOX		NEGATIVE CABLE
	NEG. CONNECTION		PIPELINE ASSETS
	RECTIFIER		

Drawn By: J. GREENFIELD	Date: 7/2023
Checked By: R. McCLAIN	Date: 7/2023

MERIDIAN
 PIPELINE SERVICES
 CORROSION • INTEGRITY • CONSTRUCTION

CATHODIC PROTECTION LAYOUT AMA 428 DEEP GROUND BED INSTALLATION		KS
HADDAM Project No.	2023-0207	Revision: 0
	Sheet No. 1	

CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

CLIENT INFORMATION										
Client	Kinder Morgan				Job Number	2023-0207				
Facility	AMA 428 DW4				Customer Contact	Kevin Brown				
City	Haddam	County	Washington	State	Ks	Phone No.	308-325-3563			

DEEP GROUND BED & DRILLING LOG INFORMATION										
					<input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Existing Rectifier					
Hole Dia.	10"	Total Depth	250'	Casing Feet	20'	Dia.	10"	Type	SDR 21 PVC	Groundbed GPS
No. Anodes	13	Size & Type	2660 Cast iron	Anode Lead	350'	Size	#8	Type	Halar	N 39.89365
Lbs. Coke	5000	Coke Type	SC3	Top of Coke Column	95'	Vent	140'	W	-97.223086	
Lbs. Plug	2700	Plug Type	Bentonite	Top of Plug	3'	Logging Volts				12.8

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			8.9			
10	Casing					210	Red Clay			2.2				
15						215		4			7.2			
20	Casing					220	Red Clay			1.8				
25						225		3			6.7			
30	Sand			.6		230	Red Clay			2.3				
35						235		2			6.8			
40	Sand			.8		240	Red Clay			1.9				
45						245		1			4.0			
50	Sandy Clay			1.5		250	Red Clay			1.8				
55						255								
60	Sandy Clay			1.1		260								
65						265								
70	Sand			1.0		270								
75						275								
80	Sandy Clay			1.1		280								
85						285								
90	Red Clay			1.3		290								
95						295								
100	Red Clay			1.7		300								
105						305								
110	Red Clay			1.3		310								
115						315								
120	Red Clay			1.4		320								
125		13			6.3	325								
130	Red Clay			1.4		330								
135		12			5.7	335								
140	Red Clay			1.3		340								
145		11			5.7	345								
150	Red Clay			1.2		350								
155		10			8.2	355								
160	Red Clay			1.1		360								
165		9			8.8	365								
170	Red Clay			1.9		370								
175		8			8.5	375								
180	Red Clay			1.6		380								
185		7			9.7	385								
190	Red Clay			1.6		390								
195		6			10.2	395								
200	Red Clay			2.0		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			

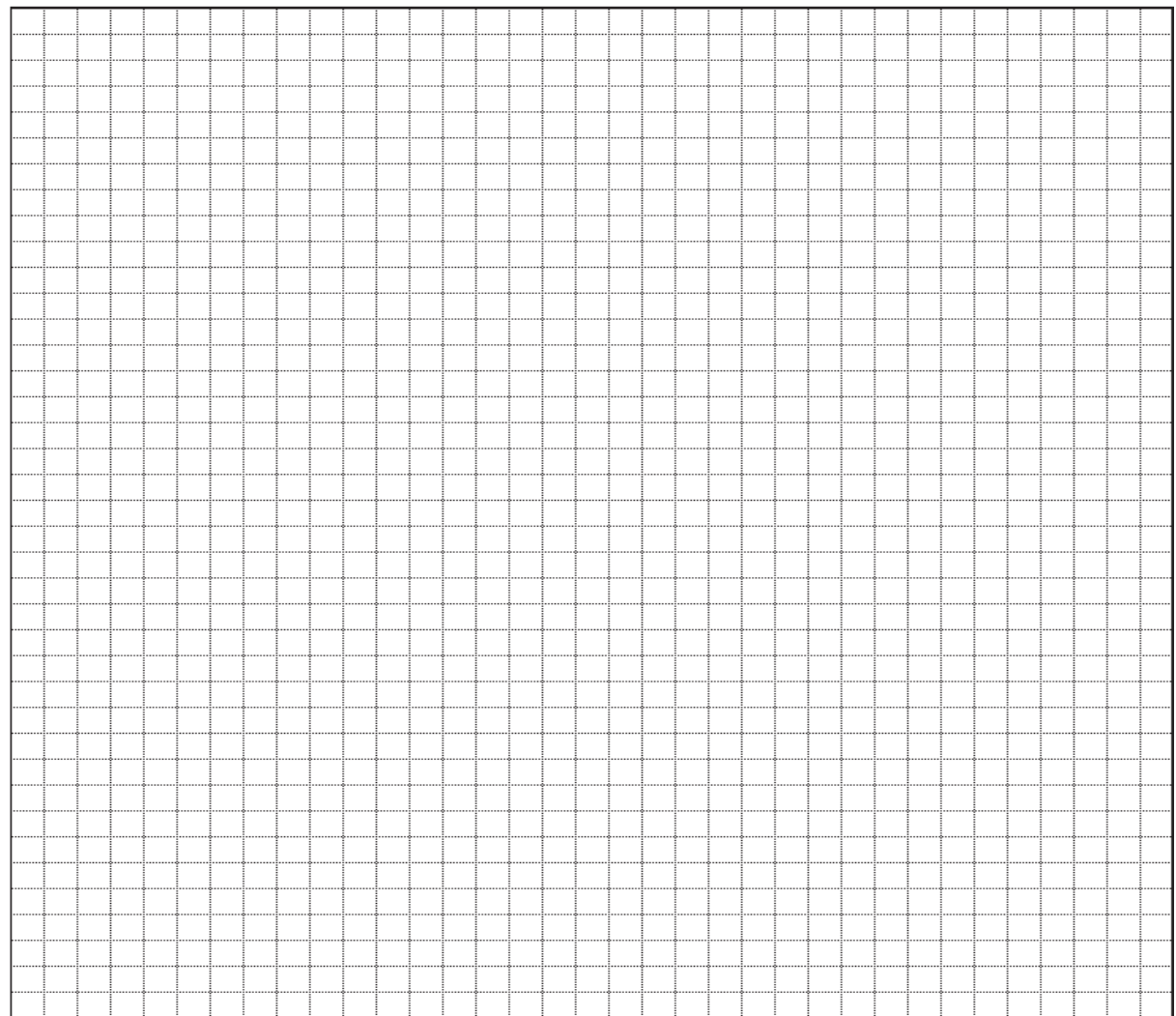
RECTIFIER INFORMATION

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

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 _____