

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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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Form	ACO1 - Well Completion
Operator	Murfin Drilling Co., Inc.
Well Name	ORTH 9
Doc ID	1628480

All Electric Logs Run

DIL
DUCP
MEL
BHCS



CEMENT TREATMENT REPORT

Customer: Murfin Drilling	Well: Orth #9	Ticket: WP-2161
City, State: Oakley KS	County: Ellis KS	Date: 12/2/2021
Field Rep: Andy Dinkel	S-T-R: 2-14S-20W	Service: 2 stage

Downhole Information

Hole Size:	7 7/8 in
Hole Depth:	3950 ft
Casing Size:	8 5/8 in
Casing Depth:	362 ft
Tubing / Liner:	In
Depth:	ft
Tool / Packer:	D.V.
Tool Depth:	1569 ft
Displacement:	93.0 bbls

Calculated Slurry - Lead

Blend:	H-Con
Weight:	12.0 ppg
Water / Sx:	5.2 gal / sx
Yield:	2.56 ft ³ / sx
Annular Bbls / Ft.:	0.0309 bbs / ft.
Depth:	3940 ft
Annular Volume:	121.7 bbls
Excess:	35%
Total Slurry:	102.5 bbls
Total Sacks:	225 sx

Calculated Slurry - Tail

Blend:	H-LD
Weight:	14.8 ppg
Water / Sx:	6.5 gal / sx
Yield:	1.51 ft ³ / sx
Annular Bbls / Ft.:	0.0309 bbs / ft.
Depth:	3940 ft
Annular Volume:	121.7 bbls
Excess:	35%
Total Slurry:	40.3 bbls
Total Sacks:	150 sx

TIME	RATE	PSI	BBLs	STAGE TOTAL BBLs	REMARKS
1:00p			-	-	Arrival
1:05p				-	Safety meeting
1:25p				-	Run float equipment
3:12p				-	Dropped ball / Circulate for 1 hour
4:30p	5.5	150.0	5.0	5.0	H2O ahead
4:32p	7.0	300.0	12.0	17.0	Mud flush
4:35p	5.0	180.0	5.0	22.0	H2O behide
4:39p	8.0	340.0	102.5	124.5	Mixed 225 sks of H-Con @ 12 ppg @ 3940'
4:56p	7.0	440.0	40.3	164.8	Mixed 150 sks of H-LD @ 14.8 ppg @ 3940'
5:08p				164.8	Dropped plug
5:10p				164.8	Washed up pump and lines
5:12p	8.0	240.0	60.0		Displaced H2O
5:20p	7.0	900.0	34.0		Displaced mud with truck 34 bbl
5:28p					Landed plug @ 1500 psi
5:32p					Dropped bomb
5:40p					Opened tool with truck 900 psi
5:52p					Circulated hole with rig 1 hour seen traces of cement
7:12p	5.0	160.0	11.0		Rat hole mixed 25 sks of H-Con @ 12 ppg
7:18p	5.0	160.0	11.0		Mouse hole mixed 25 sks of H-Con @ 12 ppg
7:20p	7.0	200.0	102.5		Mixed 225 sks of H-Con @ 12 ppg @ 1569'
7:39p					Dropped plug
7:41p	6.5	180.0	37.0		Displaced H2O
7:49p	5.0	300.0			Landed plug @ 1350 psi
7:53p					Wash up
8:00p					Rig down
8:30p					Depart location
Circulated 28 sks cement to pit					

CREW		UNIT	SUMMARY		
Cementer:	Jesse J	78	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Michael R	180/520	6.3 bpm	296 psi	420 bbls
Bulk #1:	Kale O	165/250			
Bulk #2:	Jimmie C	205			

DRILLING REPORT - LOG TOPS

Orth 9 2000FSL 1500FWL Sec. 2-T14S-R20W 2268' KB						
Formation	Sample tops	Datum	Ref	Log Tops	Datum	Ref
Anhydrite				1538	730	
B/Anhydrite				1582	686	
Oread				3446	-1178	
Heebner				3490	-1222	
Lansing				3530	-1262	
Stark				3725	-1457	
Arbuckle				3868	-1600	
RTD						
LTD						