

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water	Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS:	METHOD OF COMPLETION:	PRODUCTION INTERVAL:	
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<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>	Top	Bottom

Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Cross Bar Energy, LLC
Well Name	BURKETT B BW-10
Doc ID	1640623

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	22	126	Atlas	35	Reg
Production	7.875	5.5	17	2030	Lone Star	100	Reg
Liner	5.5	4.5	16	2106	50/50 poz	175	4sx

SERVICE TICKET

UNITED CEMENTING & ACID CO., INC.

№ 8051

BOX 712

EL DORADO, KANSAS 67042

PHONE AC 316-321-4680

DATE 7-30-71 COUNTY SW
 CHG TO: Minor air test ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 LEASE & WELL NO. Burbet 4B 1D SEC. _____ TWP. _____ RNG. _____
 CONTRACTOR Same TIME ON LOCATION 1 pm
 KIND OF JOB cementing lines O.W. _____
 SERVICE CHARGE: 530.00

QUANTITY	MATERIAL USED	
175	Say 50-50 Permif	@ 3.65
4	Say 24el	@ 8.00
		638.75
		32.00
181	BULK CHARGE Say	@ 75
17	BULK TRK. MILES (9x60x17)	
	PUMP TRK. MILES	
1-4 1/2	PLUGS top Rubber plug	@
	SALES TAX	
	TOTAL	1,533.81

T. D. 2105
 SIZE HOLE _____
 MAX. PRESS. 1500
 PLUG DEPTH 2104'
 PLUG USED Rubber

CSG. SET AT 2107 VOLUME _____
 TBG SET AT _____ VOLUME _____
 SIZE PIPE 4 1/2 x 5 1/2
 PKR DEPTH _____
 TIME FINISHED 4:48 pm

REMARKS:

175 Say 50-50 2% 110
per mix
Cementing 4 1/2 inside 5 1/2 casing

ply water well
@ 1/2 Chy

175 say used on water well
4 1/2 inner

EQUIPMENT USED

NAME Scott UNIT NO. _____ NAME Thomson UNIT NO. _____
 NAME Long UNIT NO. _____ NAME W. B. Butler UNIT NO. _____