

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

Confidentiality Requested:
 Yes No

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. 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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Form	ACO1 - Well Completion
Operator	Landmark Resources, Inc.
Well Name	Godfrey "A" #3-32
Doc ID	1771585

All Electric Logs Run

Borehole Compensated Sonic
Dual Compensated Porosity w/ PE
Mircoresistivity
Daul Induction
Radial Bond long with gamma ray

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
Anhydrite	2522	2522
B/ Anhydrite	2557	231
Topeka	3704	-916
Heebner	3902	-1114
Toronto	3932	-1144
Lansing	3947	-1159
C	3975	-1187
D	3983	-1195
E	4000	-1212
F	4005	-1217
G	4029	-1241
Muncie Creek	4054	-1266
H	4066	-1278
I	4090	-1302
J	4104	-1316
Stark Shale	4117	-1329
K	4131	-1343
L	4150	-1362
BKC	4163	-1375
Marmaton	4197	-1409
Altamont	4226	-1438
Pawnee	4276	-1488
Fort Scott	4305	-1517
Cherokee	4339	-1551

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Tops

Name	Top	Datum
Morrow Shale	4419	-1631
Missippian	4479	-1691

WELL BORE DIAGRAM - EXISTING

Field: UnNamed

Date: 1-24-24

Godfrey 'A' 3-32

API: 15-179-21502

SW SW NE NW Sec 32-6S-28W

Sheridan Co. KS

 **Present Status: LKC H & J Producer**

Elev KB: 2788'

GL: 2783'

Surface Csg:

8 5/8" 23# LS STC @ 305' in 12 1/4" hole

Cmt'd w/275 sx, cmt circ to surface

Per John Aivano email (12-21-23)

Dakota ≈ 1400' to 1840'

Cedar Hills ≈ 1885' to 2130'

DV Tool @ 2543-45' (CBL)

DV Tool Malfunction-couldn't cement

Primary Cement Job TOC

First Stage @ 2730' (CBL)

Primary Cement Job Bottom of Cement

First Stage @ 3962' (CBL)

Note: Cementers over displaced first stage cement job by 23 Bbls before shutting down. Wiper plug never landed

Top cmt 4026 (CBL dated 1-5-24))

LKC "H" Pfs: 4066-70' (spf)

LKC "J" Pfs: 4105-09' (4 spf)

Top cmt 4250' (CBL dated 12-21-23)

LS Prod Csg: 5 1/2" 15.5# J-55 LTC @ 4538' casing is inspected white band

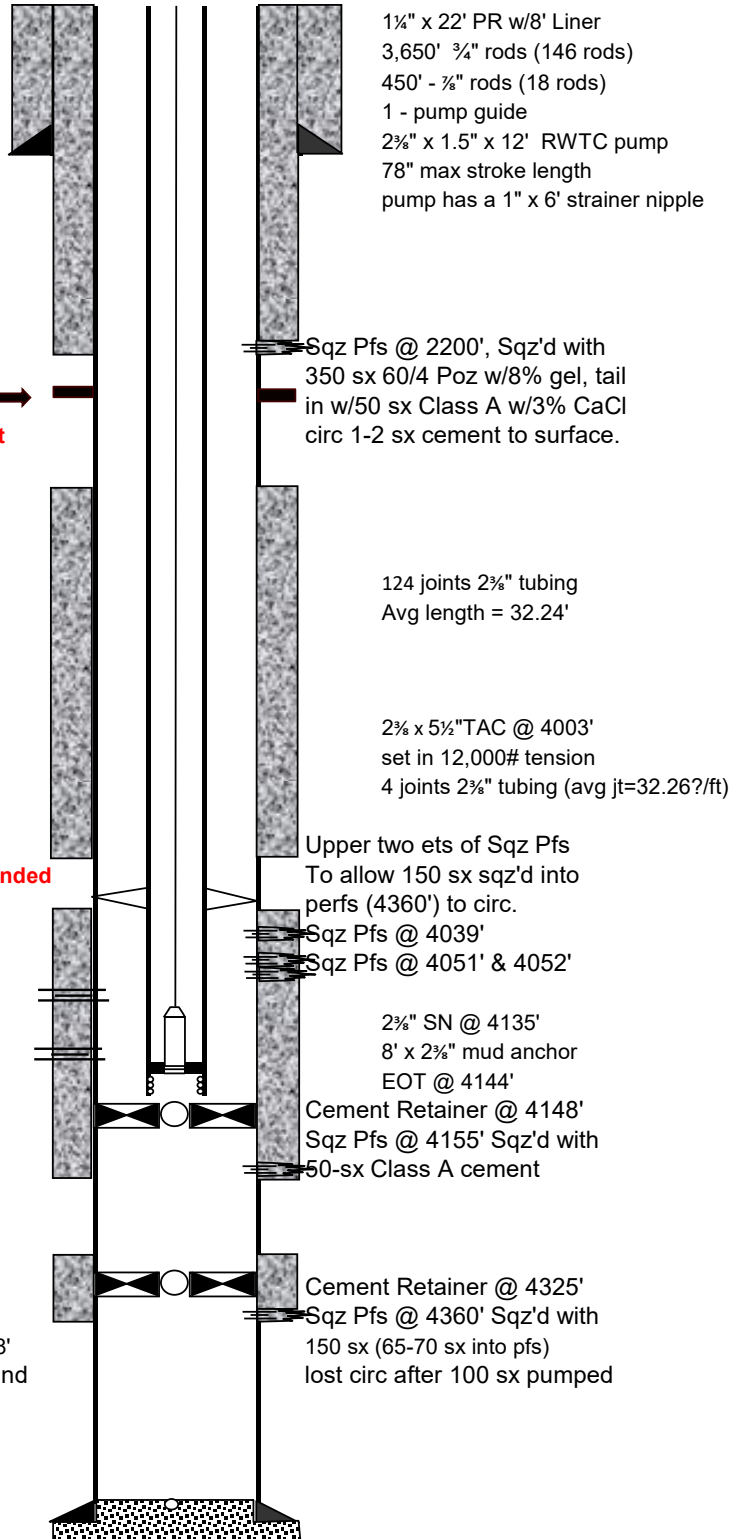
Cmt 1st Stage w/170 sxs

PBTD: 4481' PBTD (5 1/2" Baffle)

4480' PBTD (WSU)

4471' PBTD (CBL)

TD: 4550'



Summary of Changes

Lease Name and Number: Godfrey "A" #3-32

API/Permit #: 15-179-21502-00-00

New Doc ID: 1771585

Parent Doc ID: 1744074

Correction Number: 1

Approved By: Kelsey Cox

Field Name	Previous Value	New Value
CasingAdd_Type_PctP DF_1	3% CaCl 2 gel	2% gel 3% CC
CasingAdd_Type_PctP DF_2	HP - OWC	5% Kolseal
CasingAdd_Type_PctP DF_3	60/40 Poz w/8% gel	2% gel 3% CC
CasingNumbSacksUse dPDF_3	350	400
CasingSettingDepthPD F_2	4535	4538
CasingTypeOfCementP DF_1	Class A	Class A Common
CasingTypeOfCementP DF_2	Class A	HP - OWC
CasingTypeOfCementP DF_3	Class A	Class A 60/40 Poz
CasingWeightPDF_2	15.50	14
CasingWeightPDF_3	15.50	14

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
CementingDepth1_PDF	-	4039-4360
CementingDepth2_PDF	-	4052-4155
Cementing Purpose Protect Casing	No	Yes
Fluid Mngmt - Chloride Content	4400	3000
Fluid Mngmt - Fluid Volume	700	500
Lease Name	GODFREY	Godfrey "A"
Multiple Stage Cementing Collar Used?	No	Yes
Operator's City	HOUSTON	Houston
Operator's Street Address - line 1	4900 WOODWAY DRIVE SUITE 880	4900 Woodway Dr
Perf_acid1	600 gal 15% MCA	500 gal 15% MCA
Perf_perf1bottom	4070	4109
Perf_perf1top	4066	4105
Perf_perf2bottom	4109	4070

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_perf2top	4105	4066
Plug Back Total Depth	4481	4148
Production Interval #1	4066	4070
Production Interval #3	4133	4105
Tubing Record - Set At		4144

Summary of Attachments

Lease Name and Number: Godfrey "A" #3-32

API: 15-179-21502-00-00

Doc ID: 1771585

Correction Number: 1

Attachment Name