KOLAR Document ID: 1773312

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	- DESCRIP	WEII &	IFASE
	INSIONI		$\mathbf{W} \mathbf{L} \mathbf{L} \mathbf{L} \boldsymbol{\alpha}$	LLASL

OPERATOR: License #	API No.:				
Name:	Spot Description:				
Address 1:	Sec TwpS. R East West				
Address 2:	Feet from Dorth / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
New Well Re-Entry Workover	Field Name:				
	Producing Formation:				
	Elevation: Ground: Kelly Bushing:				
	Total Vertical Depth: Plug Back Total Depth:				
	Amount of Surface Pipe Set and Cemented at: Feet				
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
·	If Alternate II completion, cement circulated from:				
Operator:					
Well Name:	feet depth to:w/sx cmt.				
Original Comp. Date: Original Total Depth:					
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:					
GSW Permit #:	Operator Name:				
	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East West				
Recompletion Date Recompletion Date	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 III Approved by: Date:						

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Operator Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

Page Two

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		🗌 Ye	s 🗌 No		Log Formation (Top), I		n (Top), Depth a), Depth and Datum			
Samples Sent to Geolo	,	N/	🗌 Ye	s 🗌 No		Nam	е			Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:	-	y	☐ Ye ☐ Ye ☐ Ye	s 🗌 No s 🗌 No							
			Repor	CASING		Ne ace. inte		lsed	on. etc.		
Purpose of String	Size I Drill		Size	e Casing (In O.D.)	Weight Lbs. / Ft.		Set	Setting Type of Cement		# Sacks Used	Type and Percent Additives
				ADDITIONAL	CEMENTING	G / SQL	JEEZE R	ECORD			
Purpose: Depth Perforate Top Bottom			Type of Cement		# Sacks U	lsed	Type and Percent Additives				
Protect Casing											
Plug Off Zone											
 Did you perform a hydr Does the volume of the Was the hydraulic fract 	e total base flu	uid of the hydr	aulic fra	cturing treatment		-] Yes] Yes] Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three	
Date of first Production/Ir Injection:	njection or Re	sumed Produc	ction/	Producing Meth	iod:		Gas Lift	0	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours		Oil Bbls	i.	Gas	Mcf Water Bbls. Gas-Oil Ratio				Gravity		
DISPOSITIC	N OF GAS:			N	IETHOD OF C	OMPLE	TION:				ON INTERVAL:
Vented Sold Used on Lease		Open Hole Perf.		Perf.	Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	Тор	Bottom		
(If vented, Sub	mit ACO-18.)					(Subinit	ACO-5)	(Subil	III ACO-4)		
			Bridge Plug Type					ementing Squeeze ad of Material Used)			
TUBING RECORD:	Size:	:	Set At:		Packer At:						

Form	ACO1 - Well Completion
Operator	Deutsch, Kent A. dba Deutsch Oil Company
Well Name	DIETZ #5-8
Doc ID	1773312

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.75	10.75	29	358	common		2%gel, 3% cc.
Production	7.875	5.5	17	4318	H Long	220	0

