KOLAR Document ID: 1777360

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 #	API No.:				
Name:	Spot Description:				
Address 1:	SecTwpS. R East _ West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxx) (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:				
☐ Oil ☐ WSW ☐ SWD	Producing Formation:				
Gas DH EOR	Elevation: Ground: Kelly Bushing:				
□ OG □ GSW	Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet				
Operator:	If Alternate II completion, cement circulated from:				
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				
Commingled Permit #:  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 II III Approved by: Date:						

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#### Page Two

Operator Name:			Lease Name: _				: Well #:				
Sec Tw	pS	S. R	Eas	st West	County:						
	, flowing an	d shut-in pres	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests (Attach Addit		1		Yes No		Lo		n (Top), Depth a		Sample	
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Log	s		Yes No Yes No Yes No							
			Rej	CASING	RECORD [	Nev		on, etc.			
Purpose of St	ring	Size Hole Drilled		Size Casing let (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		'		
Purpose:		Depth Top Bottom	Тур	oe of Cement	# Sacks Use	ed		Type and Percent Additives			
Perforate Protect Ca Plug Back											
Plug Off Z											
Did you perform     Does the volume     Was the hydraul	e of the total	base fluid of the	hydraulic	fracturing treatment		-	Yes yes Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three		
Date of first Produ Injection:	ction/Injectio	n or Resumed Pi	roduction/	Producing Meth	od:		Gas Lift 0	ther <i>(Explain)</i>			
Estimated Production Oil Bbls. Per 24 Hours			Gas Mcf \					Gas-Oil Ratio Gravity			
DISPO	OSITION OF	GAS:		N	ETHOD OF CO	MPLET	ΓΙΟΝ:			DN INTERVAL: Bottom	
Vented	Sold	Used on Lease		Open Hole	_	Dually ( Submit A		nmingled nit ACO-4)	Тор	BOLLOTTI	
,	· I										
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)		
TUBING RECORI	D: S	size:	Set A	: -	Packer At:						

Form	ACO1 - Well Completion				
Operator	SAG Oil Company LLC				
Well Name	LESTER KALB 7				
Doc ID	1777360				

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.875	8.625	25	20	Portland	5	NA
Production	6.25	4.5	12	850	Portland	100	NA