

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 Date Reached TD Completion Date or 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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ATED OIL WELL SERVICES, INC.
 BOX 884, CHANUTE, KS 66720
 40-431-9210 OR 800-467-8676

TICKET NUMBER 08103
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-12-06	5080	Noah #1	25	31	10	EIK
CUSTOMER			TRUCK #			
Calvin Noah			463			
MAILING ADDRESS			DRIVER			
329 N. Birch			Alan			
CITY	STATE	ZIP CODE	TRUCK #			
Valley Center	Ks	67147	479			
			DRIVER			

C+G
 Dsgl.

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 19.7' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 19.5' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14 # SLURRY VOL 24 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 11.1 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 5/8" casing. Break Circulation w/ 15 Bbl
Fresh water mixed 100 sks Regular Class A Cement w/ 3% Cacl₂, 2% Gel
1/4# Floccle Pw/sk @ 14# Pw/gal. ~~200~~ Displaced Cement w/ 11.1 Bbl Water
Shut down. Shut casing in. Good Cement to ~~20'~~ Surface.
Job Complete. Rigdown.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401S	1	PUMP CHARGE	620.00	620.00
5406	50	MILEAGE	3.15	157.50
1104	100 sks	Regular Class "A" Cement	10.25	1025.00
1102	282 #	Cacl ₂ 37%	.64	180.48
1115A	4 sks	Gel 27%	7.00	28.00
1107	1 sk	Floccle 1/4# Pw/sk	44.90	44.90
5407	4.7 Ton	Ton Mileage Bulk Truck	m/c	275.00
RECEIVED MAY 12 2006 Thank You! KCC WICHITA				
			Sub Total	2330.88
			6.3% SALES TAX	80.54
			ESTIMATED TOTAL	2411.42

2008110

AUTHORIZATION Called by Rig TITLE _____ DATE _____

SOLIDATED OIL WELL SERVICES, INC.
 BOX 884, CHANUTE, KS 66720
 20-431-9210 OR 800-467-8676

TICKET NUMBER 08169
 LOCATION Eureka
 FOREMAN Troy Strickler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-17-06	5680	Noah #1				EIK	
CUSTOMER Calvin Noah		C+G Drb.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 329 N. Birch				463	Alan		
CITY Valley Center				479	Calvin T		
STATE Ks				440	Larry L		
ZIP CODE 67147							

JOB TYPE Logging HOLE SIZE 7 7/8" HOLE DEPTH 2258' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 2264 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8-13.8 SLURRY VOL 122.286 WATER gal/sk 7.8 CEMENT LEFT in CASING 0'
 DISPLACEMENT 3686l DISPLACEMENT PSI 500 PSI 1000 Bump Plug. RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing. Break circulation w/ 1086l Fresh Water Mixed 225sks 60/40 Poz-mix w/ 6% Gel + 1/4" Flocele Perf/sk. @ 12.8" Perf/sk. Tail in w/ 225 sks Class A Cement w/ 4% Gel + 1% Calc₂ + 1/4" Flocele @ 13.8" Perf/sk. Wash out Pump + lines. Shut down. Released Plug. Displaced w/ 3686l water. 986l into Displacement, lost circulation. Never got it back. Final Pump Pressure 500 PSI. Bump Plug to 1000 PSI. Wait 2mins. Released Pressure. Float Held. Had Cement Returns to Surface Before we lost Circulation.
Job Complete Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	50	MILEAGE	3.15	157.50
1131	225sks	60/40 Poz-Mix Cement	8.40	1890.00
1118A	23sks	Gel 6% } Lead	7.00	161.00
1107	2 sks	Flocele 1/4" Perf/sk	44.90	89.80
1104	225sks	Regular Class "A" Cement	10.25	2306.25
1118A	17 sks	Gel 4%	7.00	119.00
1102	212 #	Calcium 1%	.64	135.68
1107	2 sks	Flocele 1/4" Perf/sk	44.90	89.80
5407A	20.25 tons	Ton-Mileage Bulk Truck	1.05	1063.13
4404	1	4 1/2" Top Rubber Plug	40.00	40.00
4129	11	4 1/2" Centralizers	29.00	319.00
4103	2	4 1/2" Cement Baskets	135.00	270.00
4116l	1	4 1/2" AFU Float Shoe	146.00	146.00
			Sub Total	7587.16
			6.3%	SALES TAX
				ESTIMATED TOTAL
				7957.86

RECEIVED
 MAY 12 2006
 KCC WICHITA

Thank You!
 000008

AUTHORIZATION Witnessed by Calvin Noah TITLE owner. DATE _____