

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) (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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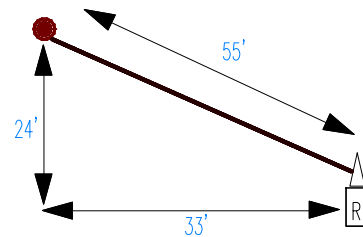




4600 N WESTERN STREET, AMARILLO TEXAS - TEL (806) 383-5047 ~ FAX (806) 383-1716

<b>Deep Well GroundBed Data</b>		Date: <b>04/26/24</b>
Job Number: <b>ETC102-2024-KS</b>	Drilling Contractor: <b>MCLEANS CP INSTALLATION, INC.</b>	
Company Name: <b>ENERGY TRANSFER</b>	Facility/Line: <b>4262 FINKELSTEIN</b>	
Subject: <b>DEEP WELL</b>	State: <b>KANSAS</b>	
Well Depth: <b>240'</b>	County: <b>KEARNY</b>	
Diameter: <b>10"</b>	Other-Driller: <b>TR</b>	
Casing: <b>20'</b>	Drilling Method: <b>MUD</b>	
Type of Backfill: <b>LORESCO SC3; 7200</b>	Base Useable Water: <b>240'</b>	
Anode Type: <b>1 SET OF 20 - Anotech 2684</b>		
GPS: <b>N38.031592, W101.651855</b>	<b>TEST VOLTS: 10.24</b>	
Remarks:		

<b>Drilling Log</b>			<b>Electrical Log</b>			<b>Anode Log</b>		
Depth:	Formation Type:	Material:	BEFORE BACKFILL			AFTER BACKFILL		
			Amps	Anode Depth	Anode #	Amps	Anode Depth	Anode #
0'	SAND	CASING / HOLE PLUG						
5'	SAND	CASING / HOLE PLUG						
10'	SAND STONE	CASING / HOLE PLUG						
15'	SAND STONE	CASING / HOLE PLUG						
20	SAND STONE	CASING / HOLE PLUG						
25	SAND STONE	HOLE PLUG						
30	CLAY	COKE						
35	CLAY	COKE						
40	SANDY CLAY	COKE						
45	SANDY CLAY	COKE						
50	SANDY CLAY	COKE						
55	SANDY CLAY	COKE						
60	SAND	COKE				0.76	64	20
65	SAND	COKE						
70	SANDY CLAY	COKE				0.46	73	19
75	SANDY CLAY	COKE						
80	SANDY CLAY	COKE				0.73	82	18
85	SANDY CLAY	COKE						
90	SAND	COKE				0.55	91	17
95	SAND	COKE						
100	SAND	COKE				0.63	100	16
105	SAND	COKE				0.79	109	15
110	SAND	COKE						
115	SANDY CLAY	COKE				0.70	118	14
120	SANDY CLAY	COKE						
125	SANDY CLAY	COKE				0.92	127	13
130	SANDY CLAY	COKE						
135	SANDY CLAY	COKE				0.97	136	12
140	SAND	COKE						
145	SAND	COKE				0.37	145	11
150	SAND	COKE				0.57	154	10
155	SAND	COKE						
160	SAND	COKE				0.92	163	9
165	SAND	COKE						
170	SAND	COKE				0.34	172	8
175	CLAY	COKE						
180	CLAY	COKE				0.79	181	7
185	CLAY	COKE						
190	SAND	COKE				0.86	190	6
195	SAND	COKE				1.18	199	5
200	SAND	COKE						
205	SAND	COKE				0.18	208	4
210	SAND	COKE						
215	SAND	COKE				0.86	217	3
220	SAND	COKE						
225	SAND	COKE				1.05	226	2
230	SAND	COKE						
235	SAND	COKE				0.28	235	1
240	SAND	COKE						



KEY:			
	CP WELL		JUNCTION BOX
	RECTIFIER		POWER POLE
	CADWELD		FENCE
	PIPELINE		POSITIVE CABLE
	NEGATIVE CABLE		

DATA BLOCK
ANODES= 1 SET OF 20 - ANOTECH 2684 ANODE WIRE= #8 HALAR BACKFILL= LORESCO SC3; 7200LBS SPACING= 9' DEPTH= 240' HOLE DIA= 10" HEADER CABLE= #2 HMWPE RECTIFIER= CATHODIC 50V50A JUNCTION BOX= 20 CKT TEST STATION= N/A CASING= 20' X 10" MISCELLANEOUS= MISCELLANEOUS=

GPS READINGS
N38.031592, W101.651855

NOTES:

GAU BASE OF USABLE WATER DEPTH - 240'
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4600 N WESTERN ST      TEL (806)383-5047  
 AMARILLO TX 79124      FAX (806)383-1716

REPRESENTATIVE: CHRIS STAHLCKER		
SCALE: N/A		
REVISION:	BY:	DATE:
	FK	

LOCATION FOR CATHODIC
WELL NAME: 4262 FINKELSTEIN KEARNY COUNTY, KS
INSTALL DATE: APRIL 29TH, 2024
DWG: ETC102

**BELOW GROUND COMPLETION**

**Well Name: ETC102-4262 FINKELSTEIN**  
**County: KEARNY**

