

Confidentiality Requested:

 Yes  No**CONFIDENTIAL****KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION**Form ACO-1  
January 2018Form 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: \_\_\_\_\_

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sec. \_\_\_\_ Twp. \_\_\_\_ S. 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: \_\_\_\_\_ (e.g. xx.xxxxx), Long: \_\_\_\_\_ (e.g. -xxx.xxxxx)

Name: \_\_\_\_\_

Datum:  NAD27  NAD83  WGS84

Wellsite Geologist: \_\_\_\_\_

County: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Designate Type of Completion:

Field Name: \_\_\_\_\_

 New Well  Re-Entry  Workover

Producing Formation: \_\_\_\_\_

 Oil  WSW  SWD

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

 Gas  DH  EOR

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

 OG  GSW

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

 CM (Coal Bed Methane)Multiple Stage Cementing Collar Used?  Yes  No Cathodic  Other (Core, Expl., etc.): \_\_\_\_\_

If yes, show depth set: \_\_\_\_\_ Feet

If Workover/Re-entry: Old Well Info as follows:

If Alternate II completion, cement circulated from: \_\_\_\_\_

Operator: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

**Drilling Fluid Management Plan***(Data must be collected from the Reserve Pit)* Deepening  Re-perf.  Conv. to EOR  Conv. to SWD

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Dewatering method used: \_\_\_\_\_

 Commingled Permit #: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

 Dual Completion Permit #: \_\_\_\_\_

Operator Name: \_\_\_\_\_

 SWD Permit #: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

 EOR Permit #: \_\_\_\_\_Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West GSW Permit #: \_\_\_\_\_

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

Spud Date or Date Reached TD

Completion Date or Recompletion Date

**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: \_\_\_\_\_