

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 Recompletion Date _____ 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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

Pro-Stim Chemicals LLC

Acidizing Report

Date 6-21-88

Customer Granddine Sq Pro-Stim Chemical Yard UNLESS Pro-Stim Number _____

Well Name & Number Lean 3 2-27 Formation _____

County Cove Co. State KS Interval ① 4103 - 4107
② 4069 - 4075

Well Type: Completion Recompletion Workover Gas F. Water Disposal Part OH

Job Pumped Via Tubing Casing Annulus CTUD Combination Plug Depth ① 4089
② 4057

Seal Size: GRD _____ WT _____ Depth _____ Tubing Size _____ Spca _____

Casing Vol: Tbg Vol _____ Ann Vol _____ OH Vol _____ Total Displacement _____

1,000gals 15% MCA Acid, 10gals RAS-10, 60bbls 2% KCL Biocide

Customer Representative Signature JIM

Treatment Record

| Observations/Description | Time | Type Fluid | Rate BPM | Increment Vol Bbls | Cum Vol Bbls | Pressure | |
|--------------------------|------|------------|----------|--------------------|--------------|---------------|--------|
| | | | | | | Tubing | Casing |
| Rig up | | | | | | | |
| Zone #1 | | | | | | | |
| Seal Acid | | 15% HCL | 15 | 12 | 12 | 30 | |
| Flush | | 2% KCL | 15 | 35 | 15.5 | | |
| Load Tag | | 2% KCL | 15 | 8 | 23 | | |
| Open well | | | | | | 280 | |
| Zone #2 | | | | | | | |
| Seal Acid | | 15% HCL | 15 | 12 | 47.5 | 20 | |
| Flush | | 2% KCL | 15 | 35 | 51 | 20 | |
| Load Tag | | 2% KCL | 15 | 8 | 59 | 350 20 620 | |
| Open well | | | | | | | |
| Seal well | | 2% KCL | 15 | 12.5 | 71.5 | 100 | |
| Rig DN | | | | | | | |

| Directions | Product | Qty | Product | Qty | Product | Qty |
|---------------|-------------------------|----------|---------|-----|---------|-----|
| | 15% HCL | 1000gals | | | | |
| | MCA | 10gals | | | | |
| | RAS 10 | 10gals | | | | |
| | 2% KCL | 60bbls | | | | |
| Operator Name | <u>Tractor Services</u> | | | | | |
| Unit | <u>A 24</u> | | | | | |
| Hours | <u>10 hrs (247 mi)</u> | | | | | |

Treatment Synopsis

| Avg. Rate | Fluid BPM | Total Injected | | | | |
|--------------|-----------|----------------|-----|------|------|------|
| Treating Pts | Max | Avg | H2O | Acid | Oil | |
| UAR-1 | | | SIP | S%I | 10%I | 15%I |
| | | | | 20 | 25 | 30 |

Pro-Stim Chemicals LLC

Acidizing Report

Date 6-22-22

Well Name: **Grand Mesa** Pro-Stim Chemical Well: **ULY-55 MS RS** Pro-Stim Number:
 Location: **Glenns** # **2-22** Operator:
 State: **KS** Interval: **4103 to 4107**
 Well Type: Completion: Recombination: Workover: Drilling: Gas: Water: Disposal: Well ID:
 Completion: **Tabby A** Casing ID: Annulus ID: CUI ID: Completion ID: **4059**
 Casing Size: **24** Tubing Size: **2 3/8** Spool:
 Depth: **24** Casing Depth: **24** Total Displacement:

J.M. 1,000 gals 20% MOD 25/25 Acid, 100gals Acetic Acid Raw, 10gals RAS-10, 5gals RAS-92 & 28bbbls 2% KCL Biocide

Treatment Record

| Separator/Description | Time | Type Fluid | Rate (GPM) | Increment | | Pressure | |
|-----------------------|------|------------|------------|------------|-----------------|----------|--------|
| | | | | Vol (Bbls) | Cum. Vol (Bbls) | Tubing | Casing |
| Load acid to well | | Acid | 3.0 | 23.5 | 23.5 | 10 | 0 |
| Dr. Bottle | | | | | | | |
| Load well | | Flush | 2.0 | 3.0 | 28.8 | 600 | |
| Open well | | | 2.5 | 5.0 | 33.8 | 650 | |
| | | | 2.5 | 15.2 | 49.0 | 700 | |
| | | | 2.5 | 3.0 | 52.0 | 800 | |

| Location | Product | Qty | Product | Qty | Product | Qty |
|-----------|---------|----------|---------|---------|---------|-----|
| 250 miles | 20% HCl | 1000 gal | Biocide | 28 bbls | | |
| | Acetic | 100 gal | | | | |
| John Case | RAS 97 | 20 gal | | | | |
| A-17 | RAS 10 | 5 gal | | | | |
| 6 | 2% KCL | 30 bbls | | | | |

Treatment Synopsis

| Fluid | Rate | Time | Pressure | Temp | Flow | Loss |
|---------|------|------|----------|------|------|------|
| Acid | 2.0 | 30 | 24 | | | |
| Flush | 1.00 | 8.00 | 700 | 700 | 400 | 300 |
| Biocide | | | | | | 25 |

