KOLAR Document ID: 1787051

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				
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? Yes No				
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)				
Committed at Provider	Chloride content: ppm Fluid volume: bbls				
☐ Commingled Permit #:	Dewatering method used:				
SWD Permit #:	Location of fluid disposal if hauled offsite:				
EOR Permit #:	Location of fluid disposal if fladied offsite.				
GSW Permit #:	Operator Name:				
<u> </u>	Lease Name: License #:				
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 Nam	ne:			Well #:	
Sec Tw	pS. F	R [East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery, Digital electronic log
Drill Stem Tests Taken						Sample				
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€ Y€	es No						
			Repo		RECORD [Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[Depth	Typo				EEZE RECORD	Typo a	nd Percent Additives	
Purpose: Perforate Protect Casing Plug Back TD Deptil Type of Cement # Sacks Used Type and F		Treferit Additives								
Plug Off Z										
2. Does the volume	1. Did you perform a hydraulic fracturing treatment on this well? 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip question 3) No (If No, skip question 3)									
Date of first Production/Injection or Resumed Production/ Injection: Producing Method:										
Flov			Flowing Gas	Pumping Gas Lift Other (Explain) Mcf Water Bbls. Gas-Oil Ratio			Gas Oil Patio	Gravity		
Estimated Production Per 24 Hours		Oil Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METI				METHOD OF CO	THOD OF COMPLETION: PRODUCTION IN			N INTERVAL:		
☐ Vented ☐ Sold ☐ Used on Lease				Oually Comp. Commingled		-	Тор	Bottom		
(If vente	(If vented, Submit ACO-18.) (Submit ACO-5) (Submit ACO-4)									
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At			Record		
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Elmore, John A. or Patricia R.
Well Name	AMERICAN PETROLEUM 36
Doc ID	1787051

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	9.250	7	25	40	Portland	8	None
Production	5.625	2.875	6	1145	Portland	145	2% Gel

ELMORE'S INC.

Box 87 - 776 HWY 99 Sedan, KS 67361

Cell: (620) 249-2519 Eve: (620) 725-5538

Date	
7-19-	-10

Custon	ner John Elmone			
Addres				
City	State	Zip		
Qty.	Description	Price	Amou	nt
5	her Pulling Unit her Coment Jumps her Waxer Truck	12000	600,	00
2	her Consent tomes	120,00	240,	00
2	ho Waxer Truck	85,00	170	00
12	SkS Coment	12,50	150,	00
			1160,	00
31	DP SUID Well	Jax	98,	
	Spicered Well With 125	k -87	1258,	60
	Cement Drilled Out Somew			
	Texted Well With N. Happen			
	OK			
			-	
***************************************		-		

	Thank You — We appreciate your bu	siness!	I	1

TERMS: Account due upon receipt of services. A 11/2% Service Charge, which is an annual

percentage rate of 18% will be charged to accounts after 30 days.

Ref. No: G 465959017