

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 \_\_\_\_\_ 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](mailto: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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# Pro-Stim Chemicals LLC

Date 7/6/22

## Acidizing Report

Customer <u>Grand Mesa</u>		Pro-Stim Chemical Yard <u>Dighton</u>		Pro-Stim Number <u>A26</u>	
Well Name & Number <u>Mitch 1-34</u>			Formation		
County <u>Gove</u>		State <u>KS</u>		Interval <u>4064-68</u>	
Well Type:	Completion <input type="checkbox"/>	Recompletion <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>
	Water <input type="checkbox"/>	Disposal <input type="checkbox"/>	Perf <input type="checkbox"/>	OH <input type="checkbox"/>	
Job Pumped Via:	Tubing <input type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>
	Plug Depth		Packer Depth		
Casing Size: <u>5 1/2</u>	GRD	WT	Depth	Tubing Size: <u>2 7/8</u>	Spot <u>4067</u>
Casing Vol.	Tbg Vol	Ann Vol	OH Vol	Total Displacement	

500 1590 MCA  
5 gallons  
30 290 KCL

Customer Representative Signature \_\_\_\_\_

### Treatment Record

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
1	Acid	5 Dotted		Acid	6 BBLS		Safety Meeting
10	Acid	4.0		10	0	0	Prs Test to _____ psi
12	Acid	4.0		12	0	0	Acid Gone
14	Flush	4.0		17	0	0	
17	Flush	4.0		21	0	0	
18	Flush	4.0		24.1	0	0	Well Loaded
19	Flush	1.0		24.3	1000	0	
20	Flush	1.30		25.5	800	0	
24	Flush	1.50		27	650	0	
27	Flush	1.80		29	400	0	
28	Flush	1.0		30	300	0	
30	Flush	1.12		33	300	0	
32	Flush	1.4		36	200	0	
33	Flush	1.4		37	200	0	

### Treatment Synopsis

Avg Inj Rate	Fluid BPM <u>1.9</u>	Total Injected		H2O <u>25</u>	Acid <u>12</u>	Oil	
Treating Prs	Max <u>1000</u>	Final <u>20</u>	Avg. <u>250</u>	ISIP <u>0</u>	5'SI	10'SI	15'SI
AR-CU					20	25	30



# Pro-Stim Chemicals LLC

Date 7-11-22

## Acidizing Report

Customer <b>GRAND MESA</b>		Pro-Stim Chemical Yard <b>CUNNINGHAM</b>		Pro-Stim Number <b>A-25</b>					
Well Name & Number <b>MITCH # 1-34</b>			Formation						
County <b>GOVE</b>		State <b>KS</b>		Interval <b>3981-84, 3986-90, 3996-4001</b>					
Well Type:	Completion <input type="checkbox"/>	Recompletion <input type="checkbox"/>	Workover <input type="checkbox"/>	Oil <input type="checkbox"/>	Gas <input type="checkbox"/>	Water <input type="checkbox"/>	Disposal <input type="checkbox"/>	Perf <input type="checkbox"/>	OH <input type="checkbox"/>
Job Pumped Via:	Tubing <input checked="" type="checkbox"/>	Casing <input type="checkbox"/>	Annulus <input type="checkbox"/>	CTU <input type="checkbox"/>	Combination <input type="checkbox"/>	Plug Depth		Packer Depth <b>3964</b>	
Casing Size:	<b>5 1/2</b>	GRD	WT	Depth	Tubing Size: <b>2 7/8</b>	Spot			
Casing Vol. <b>188</b>	Tbg Vol <b>23</b>	Ann Vol		OH Vol	Total Displacement <b>2388</b>				

*1000 20% DSFE 10-CNL-89-4-AD-28  
800# SALT 5-SDA-95-SRAS92*

Customer Representative Signature \_\_\_\_\_

### Treatment Record

*3988L 2% KCL*

Time	Type Fluid	Rate BMP	Increment Vol Bbls	Cum Vol Bbls	Pressure		Observations
					Tubing	Casing	
0	ACID	2.51		1.52	0		Safety Meeting START ACID
2	"	3.73		6	0		Prs Test to ACID IN psi
2	PLUS	3.73		6.1	0		ON PLUS 1 (400#)
3	PLUS	4.35		11.24	0		PLUS IN
3	ACID	4.35		12	0		ON ACID
4	"	4.3		18.22	0		ACID IN
4	PLUS	4.3		18.25	0		ON PLUS 2 (400#)
6	ACID	5.51		25	0		PLUS IN
6	"	5.51		25.73	10		ON ACID
8	"	7.04		31.55	600		ACID LN
8	FLUSH	7.04		34.50	990		ON FLUSH
9	"	7.35		40.75	1140		
10	"	7.41		47.54	1200		
11	"	7.46		54.62	1240		
12	"	7.43		58.97	1240		
12.5	"	7.43		62.39	1250		JOB COMPLETE
12.5	<del>+</del>	<del>0</del>		<del>0</del>	110		ISIP

### Treatment Synopsis

Avg Inj Rate	Fluid BPM <b>5</b>	Total Injected		H2O <b>39</b>	Acid <b>24</b>	Oil	
Treating Prs	Max <b>1250</b>	Final <b>1250</b>	Avg. <b>600</b>	ISIP <b>110</b>	5'SI <b>VAC</b>	10'SI	15'SI
AR-CU	20		25		30		