## KOLAR Document ID: 1666119

Confident	tiality Re	equested:
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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	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?
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)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit #      Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
□ EOR Permit #:	•
GSW         Permit #:	Operator Name:
	Lease Name: License #:
	Quarter Sec TwpS. R East West

County: \_

Spud Date or **Recompletion Date**  Date Reached TD

Completion Date or **Recompletion Date** 

> **KCC Office Use ONLY** Confidentiality Requested Date: **Confidential Release Date:** Drill Stem Tests Received Wireline Log Received Geologist Report / Mud Logs Received **UIC Distribution** ALT I I II Approved by: Date:

\_ 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

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Operator Nam	ne:			Lease Name:	_ Well #:
Sec	Twp	S. R	East West	County:	

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**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	tem Tests Taken Yes No			Log Formation (Top), Depth and Datum Samp				Sample	
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Used		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
1. Did you perform a hydraulic fracturing treatment on this well?       Image: 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 questions 2 and 3)         3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?       Yes       No (If No, skip question 3)									
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours		Bbls.	Gas Mcf			Water Bbls. Gas-Oil Ratio G			Gravity
DISPOSITION OF GAS:			Ν	IETHOD OF COM	COMPLETION:			PRODUCTION INTERVAL: Top Bottom	
Vented Sold Used on Lease (If vented, Submit ACO-18.)		Open Hole Perf.		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		•	юр		
Shots Per         Perforation         Perforation         Bridge Plug           Foot         Top         Bottom         Type			Bridge Plug Set At						
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion		
Operator	F. G. Holl Company L.L.C.		
Well Name	C.J.& M., INC. Unit 1-32		
Doc ID	1666119		

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	988	A-Con & Common		3%cc, 2% gel
Production	7.875	5.50	14	3940	AA-2 & Common	225	0