KOLAR Document ID: 1797138

Confiden	tiality Re	quested:
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 	VOF 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.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
OilWSWSWD GasDHEOR	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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #: GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Reached TD Recompletion Date of 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:							

KOLAR Document ID: 1797138

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

Page Two

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	Drill Stem Tests Taken Yes No (Attach Additional Sheets)				og Formatio	n (Top), Depth a	and Datum	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 Perforate Top Bottom Protect Casing Plug Back TD Plug Off Zone Plug Context		Туре	e of Cement	# Sacks Used		Used Type and Percent Additives			
 Did you perform a hydra Does the volume of the Was the hydraulic fracture 	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	mingled	юр	
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Becker Oil Corporation
Well Name	OTTLEY 1
Doc ID	1797138

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.5	8.625	23	220	common		3%cc 2%gel
Intermedia te	7.875	5.5	17	4631	A-con	125	3%cc1/4fl oseal

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	M	INI	
	WIRELI	VĒ LLC	

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TICKET

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023 Reservation Road • Hays	, Kansas 67601 • i	(785) 625-1182
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Lease and We	ell No. <u>Of</u>	Hey :	FI		·	Field					
Nearest Town	Oak	<u>4</u>			C	ounty		8	State 📐	<u>-</u>	
Customer's O					Sec		_ Twp.		Range		·
Zero <u>K</u> B	5 A				Casing Size _						
Customer's T.I	D	/k		Gemii	ni Wireline T.D.	$\Lambda//$	Flu	id Level .	110	2	
	as_				Operator	Sey.					
	Pe	rforations					Truck I	Rental			
Code Reference	From	То	Number Of Holes	Amount	Code Reference	Unit		File Nar	ne	Amount	
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Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

General Terms and Conditions
All accounts are to be paid within the terms fixed by Gemini Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged
from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned to collections.
Because of the uncertain conditions existing in a well which are beyond the control of Gemini Wireline, it is understood by the customer that Gemini Wireline, cannot
guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
Should any of Gemini Wireline instruments be lost or damage in the performance of the operations requested the customer agrees to make every reasonable effort to
recover same, and to reimburse Gemini Wireline, for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones,
as shot were approved. (1)

(2)

(3)

(4)

as shot were approved. The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Gemini Wireline is in proper (5) and suitable conditions for the performance of said work. No employee is authorized to alter the terms or conditions of this agreement.

(6)

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Customer