

Confidentiality Requested:

 Yes No**CONFIDENTIAL****KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**Form ACO-1
January 2018Form 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: _____

____ - ____ - ____ Sec. ____ Twp. ____ S. R. ____ East West

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: _____ (e.g. xx.xxxxx), Long: _____ (e.g. -xxx.xxxxx)

Name: _____

Datum: NAD27 NAD83 WGS84

Wellsite Geologist: _____

County: _____

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:

Lease Name: _____ Well #: _____

Operator: _____

Field Name: _____

Well Name: _____

Producing Formation: _____

Original Comp. Date: _____ Original Total Depth: _____

Elevation: Ground: _____ Kelly Bushing: _____

 Deepening Re-perf. Conv. to EOR Conv. to SWD

Total Vertical Depth: _____ Plug Back Total Depth: _____

 Plug Back Liner Conv. to GSW Conv. to Producer

Amount of Surface Pipe Set and Cemented at: _____ Feet

 Commingled Permit #: _____Multiple Stage Cementing Collar Used? Yes No Dual Completion Permit #: _____

If yes, show depth set: _____ Feet

 SWD Permit #: _____

If Alternate II completion, cement circulated from: _____

 EOR Permit #: _____

feet depth to: _____ w/ _____ sx cmt.

 GSW Permit #: _____Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date**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 DistributionALT I II III Approved by: _____ Date: _____