KOLAR Document ID: 1805322

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

Address 1:	OPERATOR: License #	API No.:
Address 2:	Name:	Spot Description:
City:	Address 1:	SecTwpS. R East West
Contact Person:	Address 2:	Feet from North / South Line of Section
Designate Type of Completion: Designate Type of Completion	City: State: Zip: +	Feet from _ East / _ West Line of Section
CONTRACTOR: License #	Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Name:	Phone: ()	□NE □NW □SE □SW
Name:	CONTRACTOR: License #	GPS Location: Lat: . Long:
Designate Type of Completion:	Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxxx)
Purchaser:	Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Designate Type of Completion: New Well		County:
New Well		Lease Name: Well #:
Oil		Field Name:
Gas		Producing Formation:
OG		Elevation: Ground: Kelly Bushing:
GM (Coal Bed Methane)		Total Vertical Depth: Plug Back Total Depth:
Cathodic Other (Core, Expl., etc.): Multiple Stage Cementing Collar Used? Yes No		
If Workover/Re-entry: Old Well Info as follows:		
Operator: Well Name: If Alternate II completion, cement circulated from:		
Well Name: Original Total Depth: feet depth to: w/ sx cmt. Original Comp. Date: Original Total Depth: feet depth to: w/ sx cmt. Deepening	•	
Original Comp. Date: Original Total Depth: Deepening	Operator:	
Deepening Re-perf. Conv. to EOR Conv. to SWD Drilling Fluid Management Plan (Data must be collected from the Reserve Pit) Commingled Permit #: Dual Completion Permit #: Dewatering method used: De	Well Name:	feet depth to: w/ sx cmt.
Plug Back Liner Conv. to GSW Conv. to Producer (Data must be collected from the Reserve Pit) Commingled Permit #:	Original Comp. Date: Original Total Depth:	
Commingled Permit #:	☐ Deepening ☐ Re-perf. ☐ Conv. to EOR ☐ Conv. to SWD	
Dual Completion Permit #:	☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Dual Completion Permit #: Dewatering method used: Location of fluid disposal if hauled offsite: Completion Date or Dewatering method used: Location of fluid disposal if hauled offsite: Completion Date or License #: License #:	Commingled Parmit #	Chloride content: ppm Fluid volume: bbls
SWD Permit #:		Dewatering method used:
EOR Permit #: Operator Name:		Location of fluid disposal if hauled offsite:
GSW		Econion of haid disposal in fladied choice.
Spud Date or Date Reached TD Completion Date or Quarter Sec. Twp. S. R. East West		Operator Name:
Spud Date or Date Reached TD Completion Date or ———————————————————————————————————	<u> </u>	Lease Name: License #:
	Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
	- P	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 Approved by: Date:						

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used		Type and F	Percent Additives	
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:							
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	ONEOK NGL Pipeline, LLC
Well Name	N-18 REPLACEMENT ZELLER 1
Doc ID	1805322

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	16.75	10.75	8	40	Portland Cement	20	0

THANK YOU FOR SHOPPING AT JANTZ LUMBER (620) 241-4044

11/06/24 8:40AM AJK 551 SALE

PC 35 BG \$23.741BG Q PORTLAND CEMENT 94# BAG \$830.94 1/PALLET TYPE 1 STANDARD

SUB-TOTAL:\$ 830.94 TAX: \$ 74.78 TOTAL: \$ 905.72

BC AMT: \$ 905.72

BK CARD#: XXXXXXXXXXXXXXX0644

MID: ********7960TID:

AUTH: 075468 AMT: \$ 905.72

Host reference #:684248 Bat#0000

TID: 00340071

Chip Read

CARD TYPE:VISA EXPR: XXXX

AID : A000000031010 TVR: 8080008000

IAD: 06011203608000

TSI : 6800 ARC : 00

MODE : Issuer

CVM :

Name : VISA CREDIT

ATC :0033

AC : 9973DB8C3AE77EF0 TxnID/ValCode: 089518

Bank card USD\$ 905.72



==>> JRNL#G84248 CUST NO: *5

<<==

JOB NO: (10197) GPS: 38.369071 -97.832329

COMPANY:

COMPANY REP.:

INSTALLATION DATE:

RECTIFIER LOCATION:

1700 E Seward Rd. Guthrie, Ok. 73044 PH:(405)293-9777 F:(405)293-9779

JOHN COOPER 11.13.2024 STATE:

ONEOK

N-18

OK COUNTY: MCPHERSON

CASING DEPTH: NO. OF ANODES: **ANODE TYPE:**

INSTALLED BY:

CASING TYPE:

DIAMETER:

C ROSE SDR 21 10" 40'

10

MMO

DIA. HOLE: 10" DEPTH: 250 COKE TYPE: SC-3 LBS INST'D:

HOLE PLUG: BENTONITE

LOG VOLT: 13.7

	LEGAL DESCRIPTION	T -S	R -	SEC -	QTR:	
DEPTH				ELECTRIC L		Π
FT.	LOG	NO.	NATIVE	W/O COKE		1
0	TOP SOIL	110.		II/O OOKL	TI/OOK2	1
	TOP SOIL					1
10	TOP SOIL					1
- 10	TOP SOIL					1
20	CLAY/BEDROCK					1
	CLAY/BEDROCK					1
30	SHALE/SAND					
	SHALE/SAND					
40	CLAY					
	CLAY					
50	CLAY			2.50		
	CLAY					
60	CLAY			2.30		
	CLAY					
70	CLAY			2.10		
	CLAY					
80	CLAY			2.00		
	CLAY					
90	CLAY			2.10		
	CLAY					
100	CLAY/SHALE			2.20		
	CLAY/SHALE					
110	CLAY/SHALE			2.20		
	CLAY/SHALE					J
120	CLAY/SHALE			2.30		
	CLAY/SHALE					
130	CLAY/SHALE			2.30		ı
	CLAY/SHALE					
140	CLAY			2.30		
	CLAY					ı
150	CLAY	1		2.40		
	CLAY					
160	CLAY	2		2.60		
	CLAY					
170	CLAY	3		2.70		1
	CLAY					1
180	CLAY	4		2.50		
	CLAY					
190	CLAY	5		2.10		Į
	CLAY					1
200	CLAY	6		2.00		l
	CLAY					ļ

<u>. </u>			10110	_		
ANODE LEAD TYPE:		ANODE LEAD TYPE:	#8	SOURCE:		BATTERY
	DEPTH	DRILLERS	ANODE		OG	
	FT.	LOG	NO.	NATIVE	W/O COKE	W/COKE
	210	CLAY	7		2.4	
		CLAY				
	220	CLAY/SAND	8		2.2	
		CLAY/SAND				
	230	CLAY/SAND	9		2.5	
		CLAY/SAND				
	240	CLAY	10		2.4	
		CLAY				
	250	CLAY			3.1	
	260					
	270					
	280					
	290					
	000					
	300					
	040					
	310					
	320					
	320					
	330					
	550					
	340					
	0 10					
	350					

DRILLER'S COMMENTS:

