

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

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. 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>

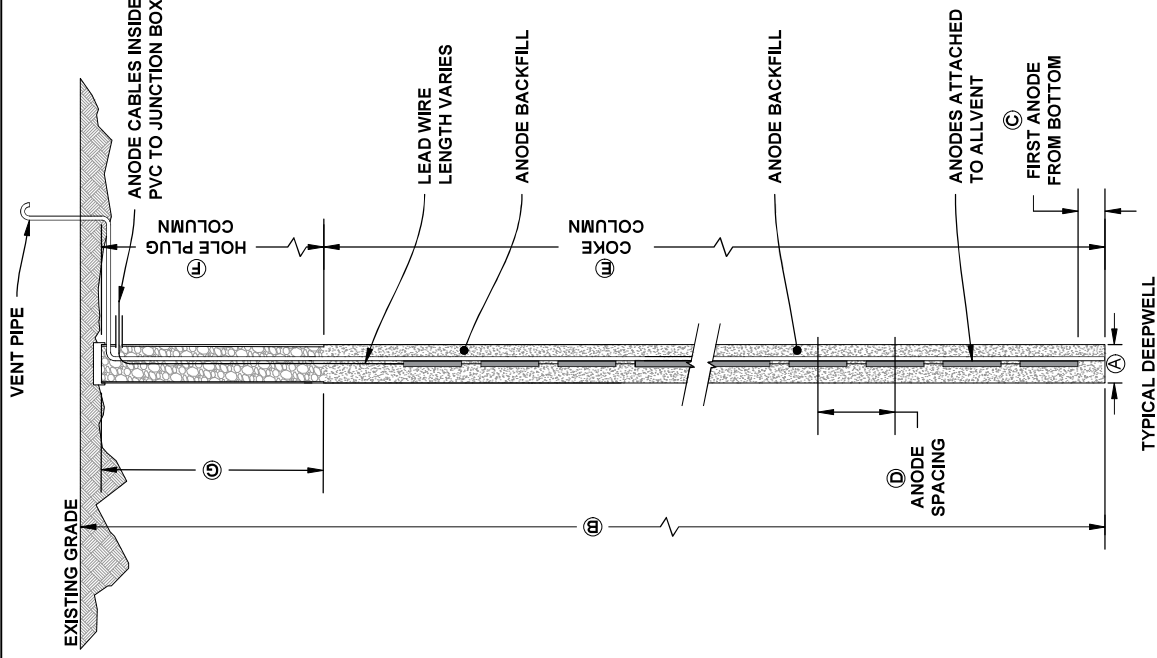
TUBING RECORD:	Size:	Set At:	Packer At:	
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BILL OF MATERIALS

ITEM	DESCRIPTION	QTY.	UNITS
1	ANODES, SET OF 13, 2660 CAST IRON, 10' CENTERS AT 250', #8 HALAR	1	EACH
2	SC-3 COKE BREEZE	100	50 LB BAGS
3	BENTONITE PLUG	75	50 LB BAGS

DIMENSIONS

CALLOUT	ITEM	DIMENSIONS	UNITS
A	HOLE DIAMETER	10	IN
B	HOLE DEPTH	250	FT
C	FIRST ANODE FROM BOTTOM	5	FT
D	ANODE SPACING	10	FT CTC
E	ANODE BACKFILL COLUMN	140	FT
F	HOLE PLUG COLUMN	110	FT
G	CASING LENGTH	20	FT



No.	REVISIONS		Date	Date	Drawn By:	Date:	CATHODIC PROTECTION LAYOUT AMA 432N - DW4 DEEP GROUNDBED INSTALLATION	Project No. 2024-0311	Sheet No. 5 of 5	Revision 0
	Description	Drawn By:								
					J. GREENFIELD	2024				
					Checked By: R. McCLAIN	2024				



CITATION DEEP GROUND BED DRILL LOG & RECTIFIER FORM

DRILLING & BORING

CLIENT INFORMATION										
Client	Kinder Morgan				Job Number	2024-0311				
Facility	AMA 432 N DW-4				Customer Contact	Kevin				
City	Morrowville	County	Washington	State	Ks	Phone No.	+1 (308) 325-3563			

DEEP GROUND BED & DRILLING LOG INFORMATION											
					<input checked="" type="checkbox"/> New Installation	<input type="checkbox"/> Existing Rectifier					
Hole Dia.	10"	Total Depth	250'	Casing Feet	20'	Dia.	10"	Type	SDR-21 PVC	Groundbed GPS	
No. Anodes	13	Size & Type	2660 Cast Iron	Anode Lead	300'	Size	#8	Type	Halar	N 39.929275	
Lbs. Coke	5000	Coke Type	SC3	Top of Coke Column	110'	Vent	140'	W	-97.181842		
Lbs. Plug	3750	Plug Type	Bentonite	Top of Plug	3'	Logging Volts			13.2		

Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				Depth Ft.	DRILLER'S LOG	Anode NO.	Electric Log				
			Volts	Amps Before	Amps After	Remarks				Volts	Amps Before	Amps After	Remarks	
0														
5						205		5				6.9		
10	Casing					210	Tan Clay			.6				
15						215		4			7.9			
20	Casing					220	Tan Clay			1.1				
25						225		3			8.1			
30	Tan clay			1.6		230	Tan Clay			1.4				
35						235		2			7.8			
40	Tan clay			.9		240	Tan Clay			1.6				
45						245		1			7.0			
50	Tan clay			1.2		250	Tan Clay			1.2				
55						255								
60	Tan clay			1.3		260								
65						265								
70	Rock			1.3		270								
75						275								
80	Tan clay			1.3		280								
85						285								
90	Tan clay			1.4		290								
95						295								
100	Tan clay			1.5		300								
105						305								
110	Tan clay			1.2		310								
115						315								
120	Tan clay			1.4		320								
125		13			7.9	325								
130	Tan Clay			1.3		330								
135		12			8.2	335								
140	Tan Clay			1.2		340								
145		11			8.1	345								
150	Tan Clay			1.2		350								
155		10			5.9	355								
160	Tan Clay			1.3		360								
165		9			4.8	365								
170	Tan Clay			1.3		370								
175		8			4.3	375								
180	Tan Clay			.9		380								
185		7			3.7	385								
190	Tan Clay			.6		390								
195		6			3.9	395								
200	Tan Clay			.6		400								
						Total								

ANODE JUNCTION BOX INFORMATION											
ANODE JUNCTION BOX											COMMENTS
Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	Amp	Cir.	
1		6		11		16		21		26	
2		7		12		17		22		27	
3		8		13		18		23		28	
4		9		14		19		24		29	
5		10		15		20		25		30	
Shunt	Mv		Amp					TOTAL			