KOLAR Document ID: 1697174

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 #	API No.:				
Name:	Spot Description:				
Address 1:	SecTwpS. R				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	Datum: NAD27 NAD83 WGS84				
Wellsite Geologist:	County:				
Purchaser:	·				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
☐ Oil     ☐ WSW     ☐ SWD       ☐ Gas     ☐ DH     ☐ EOR       ☐ OG     ☐ GSW	Producing Formation: Kelly Bushing:   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? ☐ Yes ☐ No				
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         □ Plug Back       □ Liner       □ Conv. to GSW       □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Commingled Permit #:	Chloride content:ppm Fluid volume: bbls				
Dual Completion Permit #:	Dewatering method used:				
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 Recompletion Date	Quarter Sec.         TwpS. 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 Approved by: Date:					

KOLAR Document ID: 1697174

#### Page Two

Operator Name:					_ Lease Nam	ne:			Well #:		
Sec Tw	pS	S. R	Eas	st West	County:						
	, flowing an	d shut-in pres	sures, wh	ether shut-in pre	ssure reached	static	level, hydrostat	ic pressures, bo		val tested, time tool erature, fluid recovery,	
Final Radioactivi files must be sub							gs must be emai	led to kcc-well-l	ogs@kcc.ks.go	v. Digital electronic log	
Drill Stem Tests (Attach Addit		1		Yes No		Lo		n (Top), Depth a		Sample	
Samples Sent to	Geological	Survey		Yes No		Name			Тор	Datum	
Cores Taken Electric Log Run Geologist Report List All E. Logs F	t / Mud Log	s		Yes No Yes No Yes No							
			Rej	CASING	RECORD [	Nev		on, etc.			
Purpose of St	ring	Size Hole Drilled		Size Casing let (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
				ADDITIONAL	CEMENTING /	SQUE	EEZE RECORD		'		
Purpose: Perforate		Depth Top Bottom	Тур	pe of Cement	# Sacks Used Type ar				nd Percent Additives		
Protect Ca											
Plug Off Z											
Did you perform     Does the volume     Was the hydraul	e of the total	base fluid of the	hydraulic	fracturing treatment		-	Yes S? Yes Yes	No (If No, s	kip questions 2 ar kip question 3) Il out Page Three		
Date of first Produ Injection:	ction/Injectio	n or Resumed Pi	roduction/	Producing Meth	od:		Gas Lift O	ther <i>(Explain)</i>			
Estimated Production Oil Bbls. Per 24 Hours		Gas Mcf		Water			Gas-Oil Ratio	Gravity			
DISPO	OSITION OF	GAS:		N	ETHOD OF CO	MPLET	ΓΙΟΝ:			DN INTERVAL: Bottom	
Vented	Sold	Used on Lease		Open Hole	_	Dually ( Submit A		nmingled nit ACO-4)	Тор	BOLLOTTI	
,	· I										
Shots Per Foot	Perforation Top	on Perfor Bott		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze and of Material Used)		
TUBING RECORI	D: S	size:	Set A	: -	Packer At:						

Form	ACO1 - Well Completion
Operator	Rama Operating Co., Inc.
Well Name	HILLARD 4-1
Doc ID	1697174

## Tops

Name	Тор	Datum
Heebner	3540	-1684
Toronto	3554	-1698
Brown Lime	3722	-1866
Lansing	3742	-1886
Base KC	4092	-2236
Mississippi	4188	-2332
Viola	4243	-2387
Simpson Shale	4282	-2426
Uper Sand	4288	-2432
Lower Sand	4318	-2462
Arbuckle	4410	-2554
RTD	4626	-2770

Form	ACO1 - Well Completion
Operator	Rama Operating Co., Inc.
Well Name	HILLARD 4-1
Doc ID	1697174

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Conductor	17.5	13.375	54.5	285	60/40 Poz		2% gel 1/4 CF
Surface	12.250	8.625	24	1117	Comm 60/40 Poz	300	
Production	7.875	5.5	14	4453	60/40 Poz	125	