# KOLAR Document ID: 1815313

Confident	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 OF 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: ()	□ NE □ NW □ SE □ SW
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:
	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ DH ☐ EOR □ OG □ GSW	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 #:      Dual Completion Permit #:	Dewatering method used:
Dual Completion         Permit #:           SWD         Permit #:	Leastion of fluid diamonal if hould affaite
□ 5000 Permit #:	Location of fluid disposal if hauled offsite:
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date 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: 1815313

Operator Nam	ie:			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).

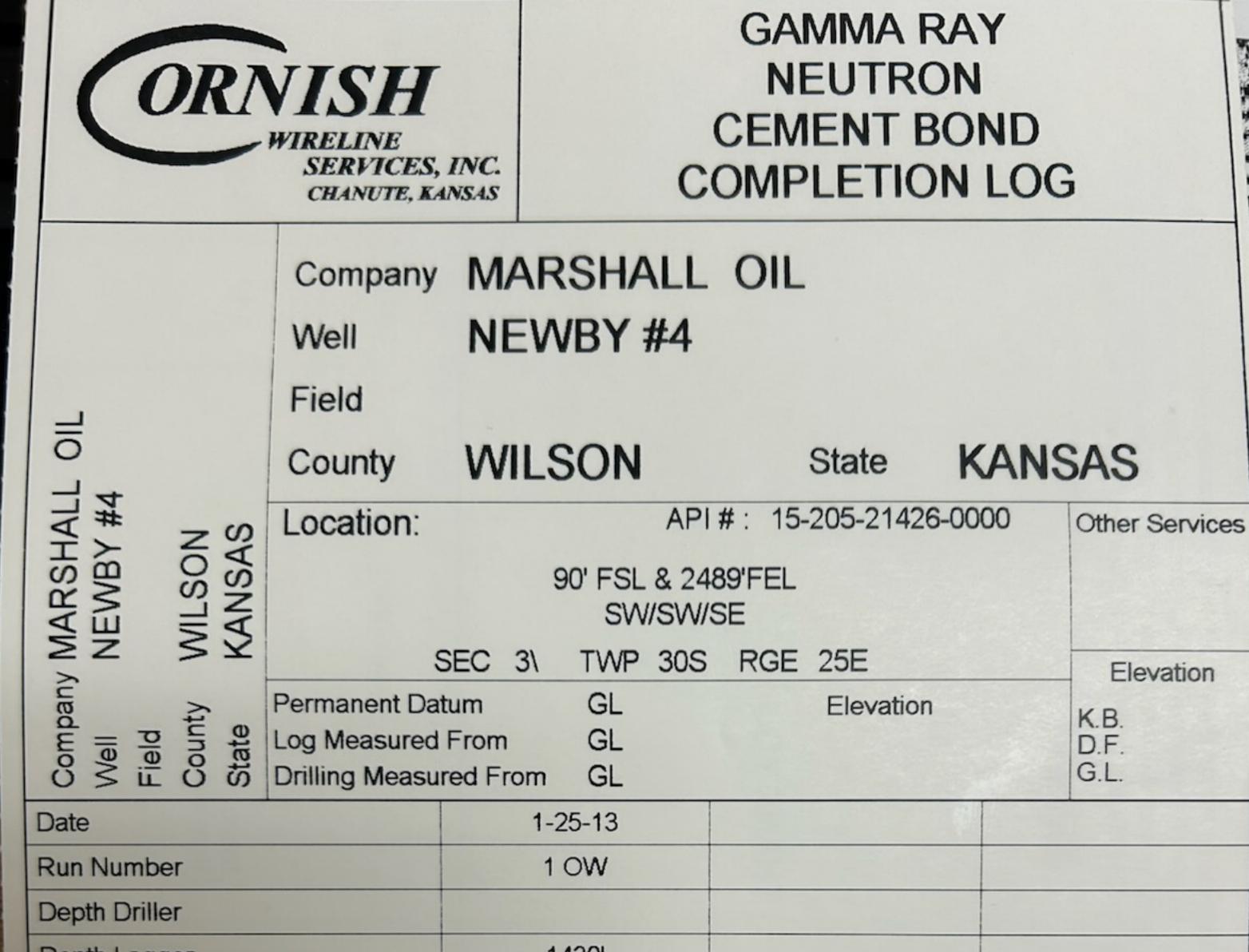
Drill Stem Tests Taken (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all 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 Top Bottom	Туре	e of Cement	# Sacks Use		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
2. Does the volume of the	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/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours			Mcf	Water Bbls. Gas-Oil Ratio Gravity				Gravity	
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	F COMPLETION: PRODUCTION INTERVA			DN INTERVAL: Bottom	
Vented Sold (If vented, Subn	Used on Lease		Open Hole		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)		юр		
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At					
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Marshall Oil, LLC
Well Name	ORLAND NEWBY 4
Doc ID	1815313

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	6.625	12	48	Portland	25	50/50 POZ
Production	5.625	4.5	8	1378	Class A		50/50 POZ 2% Benonite

Land	Address	9.9.1	County Wils	304
Legal Description /5-205-21K/0	City & State		State Kan	as
	work to be performed, the undersigned hereby	agrees to the following general	terms and condition	on of service:
<ol> <li>(2) Because of uncertain control of the stands of an attorney fit than \$75.00.</li> <li>(2) Because of uncertain control tomer that OSAGE WIREL the performance of their set (3) Should any OSAGE WIREL reasonable effort to recover damage to items recovered and is potentially dangerou container not be broken or that radioactive material is of (4) It is further understood and (5) The customer certifies that</li> </ol>	d within the terms fixed by OSAGE WIRELINE, INC arged from the date of such invoice. In the event th for collection the customer agrees to pay all costs of ditions and hazards existing in a well which are be LINE, INC. cannot guarantee the results of their se ervices. LINE, INC. instruments be lost or damaged in the pr r same, and to reimburse OSAGE WIRELINE, INC. 1 d. The customer also acknowledges that he is awarn si if the neutron source, if not recovered, damaged; that the neutron source, if not recovered, dangerous to human beings and animals. agreed that all depth measurements shall be superv it has full right and authority to order such work on s suitable condition for the performance of said work.	e enforcement of a claim for indet f collection and reasonable attorne yond the control of OSAGE WIRE rvices and will not be held respon erformance of the operations reque for the value of the items which can e of the facts, that the neutron sou social precautions must be taken in must be isolated by cementing it in vised by the customer or its employ	tedness, arising he y's fees, which in n LINE, INC., it is un- sible for personal or sted, the customer i not be recovered, o roce used in neutron i 'fishing' in order th place or by some a sees.	reunder, is placed in o event shall be leas derstood by the cus r property damage in agrees to make ever r the cost of repainin logging is radioactiv at the neutron source ppropriate means an
(6) The customer agrees to pay ing city, county, state, and fe	y any and all taxes, and charges placed on services ederal taxes and fees or reimburse OSAGE WIRELI to alter the terms and conditions of this agreement.	rendered by OSAGE WIRELINE, I INE, INC. for such taxes and fees p	NC. by government aid to said agencies	al requirements inclus.
-	Description		Price	Amount
1+ 11 + 1 A.				1
EMARKS PRI	ICES SHOWN ARE ESTIMATES AND SUBJECT TO	CHANGE BY ACCOUNTING DEP	ARTMENT.	-
0000	N.			
Prump 2 5	sex Cement on c	IBP C DT	0	
D PONE 21/2	SILKSING DSOF	1022-25-012	11 . 7	Holes
0 101-010	Suck Jun o Sti	10-505 (10	1 00	
-		10 38- 418 (10	5 21	Holes
			467	TAL
-				
				-
-		- +		
				-
-				-16A
			K#	5161)
		1 w/ Che	JK #	5161)
	 T Pail	1 w/ che	K#	5161)
	- - - Paio	I w/ che	K#	5161)
C'RW'	 Paio	0.00)		5161)
		0.00)		5161)
tillar Hanng		0.00)		5161)
Mar Hanng Whiteneck		0.00)		5161)
tillar Hanng	 	0.00)		5161)



Depth Logger	1430'		
Top Log Interval	0\		
Bottom Logged Interval	1430'		
Fluid Level	150'		
Type Fluid	OIL & WATER		
Production Casing	4.5" @ 1378'	@	@
Max. Recorded Temp.			
Estimated Cement Top	SURFACE		
Calculated Cement Top			
Amount & Type Cement			
Amount & Type Admix			
Drilling Contractor			
Equipment Number	109		
Location			
Recorded By	SAQNBORN G.		
Witnessed By	MARSHALL B.		

