

Confidentiality Requested:

 Yes NoKANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISIONForm ACO-1
January 2018**CONFIDENTIAL****WELL COMPLETION FORM****WELL HISTORY - DESCRIPTION OF WELL & LEASE**Form must be Typed
Form must be Signed
All blanks must be Filled

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: _____

Lease Name: _____ Well #: _____

Designate Type of Completion:

Field Name: _____

 New Well Re-Entry Workover

Producing Formation: _____

 Oil WSW SWD

Elevation: Ground: _____ Kelly Bushing: _____

 Gas DH EOR

Total Vertical Depth: _____ Plug Back Total Depth: _____

 OG GSW

Amount of Surface Pipe Set and Cemented at: _____ Feet

 CM (Coal Bed Methane)Multiple Stage Cementing Collar Used? Yes No Cathodic Other (Core, Expl., etc.): _____

If yes, show depth set: _____ Feet

If Workover/Re-entry: Old Well Info as follows:

If Alternate II completion, cement circulated from: _____

Operator: _____

feet depth to: _____ w/ _____ sx cmt.

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

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

Chloride content: _____ ppm Fluid volume: _____ bbls

 Plug Back Liner Conv. to GSW Conv. to Producer

Dewatering method used: _____

 Commingled Permit #: _____

Location of fluid disposal if hauled offsite: _____

 Dual Completion Permit #: _____

Operator Name: _____

 SWD Permit #: _____

Lease Name: _____ License #: _____

 EOR Permit #: _____Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West GSW Permit #: _____

County: _____ Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

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: _____