KOLAR Document ID: 1839547

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 □East □ West						
Address 2:	Feet from						
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.xxxxx) (e.gxxx.xxxxx)						
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84						
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:						
New Well Re-Entry Workover	Field Name:						
☐ Oil ☐ WSW ☐ SWD	Producing Formation:						
Gas DH EOR	Elevation: Ground: Kelly Bushing:  Total Vertical Depth: Plug Back Total Depth:						
□ OG □ GSW							
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:						
SWD Permit #:	Location of fluid disposal if hauled offsite:						
EOR Permit #:	Location of fluid disposal if fladied offsite.						
GSW Permit #:	Operator Name:						
	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R						
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:									

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:		
Sec Tw	pS	S. R	Eas	st West	County:						
	l, flowing an	d shut-in press	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							s must be emai	led to kcc-well-l	ogs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests (Attach Addit		1		Yes No		Lo	g Formation	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 Logs	s		Yes No Yes No Yes No							
			Rep	CASING	RECORD [	New e, interr		on, etc.			
Purpose of St	tring	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	EZE RECORD				
Purpose: Perforate		Depth Top Bottom	Тур	pe of Cement	# Sacks Use	# Sacks Used Type a			and Percent Additives		
Protect Ca											
Plug Off Z											
Did you perform     Does the volume     Was the hydraul	e of the total I	base fluid of the	hydraulic f	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:	iction/Injection	n or Resumed Pr	roduction/	Producing Meth	od:	Пе	ias Lift O	ther <i>(Explain)</i>			
Estimated Product Per 24 Hours		Oil	Bbls.		Mcf	Water			Gas-Oil Ratio	Gravity	
DISPO	OSITION OF	GAS:		N	METHOD OF CO	MPLET	ION:			ON INTERVAL:	
Vented		Used on Lease		Open Hole		Oually C Submit A		mingled nit ACO-4)	Тор	Bottom	
,	ed, Submit AC					1					
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	ize:	Set At	: -	Packer At:						

Form	ACO1 - Well Completion
Operator	TGT Petroleum Corporation
Well Name	PYLE-TAYLOR A-3
Doc ID	1839547

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	439	А	130	3
Production	7.875	5.50	15.5	5281	HALCO	275	10
Liner	7.875	4.50	11.35	5281	А	130	2

े			**				
) TET	<b>\</b>	INVOICE NO.	Subjec	t to Correction	FIEL	D ORDER	10159
	CI		05 Lease Pylé	-THYLO	R Su	The state of the s	28-19
SER	/ I, C E S , ·I	Customer ID	County	TOWA	State	Station	ATTIPS
7/1	TPE	T PAR	Depth	Formation		Shoe Joint	
H A	, , 0		Casing //	Casing Depth	, TD	Job Type	R-ow
R <del></del> G E			Customer Repres	sentative /	RD Trea	ter / John	DIEY
AFE Number		PO Number	Materials Received by	x ZL	1.001	Roll	
Product				- Ven	11 7		OUNTING
Code	QUANTITY	M soul	NT and SERVICES USED	UNIT PRICE	AMOUNT	CORRECTION	AMOUNT
1)201	1000	115-12	EM. BOY	上一十		1	
0310	3/10.	aliettii	allen	\			<del> </del>
5310	24610	CHOSUN	n CHORATE	12		1	
FILL	IEA.	14/2 101	RUBBERT FUL	46-			
1-40	I EA.	412 1-01	AT SHOE				
77.5	75.1	-0.011	.11= 5	1			
6/00	BSIMILE	I FUCK	MIE.	-			1
101	35 mile	PACKET	MARC.				
E104	215 M	Buck De	swery	1			
6101	130 SK	CMI. SIS	U. MHALLE	2			<b>_</b>
1211	164.	Tunt C	HARGE.				
K761	1 St.	CAMENT	HEMA)	-			- 4
							.**
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				-			
					A Company of the Comp		
- 2 11							
		PRIC			4201.8		-
10244 NE	Hiway 61 . P O	Box 8613 . Pratt KS	67124-8613 - Phone (6	20) 672-1201 . F	ax (620) 672-538	S TOTAL	

## TREATMENT REPORT

					TREATMENT REPORT								
					Customer ID				Date				
	C			C	customer	76	7		4	-9-a	5		
SERV	ICES.	LLE		L	LOGSO PYLE -TAYLOR				Lease No. Well # Stu			//	
Field Order	Station	PR	251.K.	2		Casing	Oly Depth	200'	County	577116	2 Sta	ate 1/8	
Type Job	INE	R-	ou	)			Formation	200	1 //-	Legal Descri	ption/-28	7-19	
PIPE	E DATA		PERFORA	TING DA	ATA	F	LUID USED		τ	REATMENT			
Casing Size Tubing Size Shots/Ft			Acid				RATE PRESS ISIP						
Depth 3200	Depth	From	n	То	Pre Ped				Mex	5 Min.			
Volume	Volume	From	m	То	Ped				Min		10 Min.		
Max Press	Max Press	From	m	То		Frac			Avg		15 Min.	W	
Well Connection	on Annulus V	ol. Fro	m	То					HHP Used		Annulus Pressure		
Plug Depth 5200	, Packer De	pth Fro	m	То		Flush			Gas Volume	7	Total Load		
Customer Rep	resentative	plo	20	Stat	tion Manag	or 1A	wey		Treater	LOPD	rey		
Service Units			120	) 2Z	6	303	522						
Time	Casing Pressure	Tubing Pressure	Bbls.	Pumped		Rate		ř	Servi	ce Log			
1830							OW	(0	CATTO	m			
							0.00		BP-5200'				
					RUN		5	5200 4/2 116# DWER					
							BUSSDE 5/2 CASANE						
	1100	1100		45		1/2	BRESAL CERC W/ HO				0	**************************************	
												***************************************	
							MI	MEX CEMENT					
2030	1100	0 5				1/2	130 SK. A-COW CA				EMIER	V	
							2% CC 3/10% CFR						
						12,6		6 A	#, Z,17 Hs				
								<del>,                                      </del>	/		00 D	,	
-		-					2101	- U	148/1 12	NB-1	DKOP SC	il C	
	10			10	-	<del></del>	EM	-0-	X = Z	<del>)</del>			
	0			0		2	SIM	2	1005/	5.7			
1 2017	1300		<	12		"/	150	N V	P CONEW HOTA				
2200	2800			1		ι	100	19	1-000		i i com		
					-		PED	r =	OSK C	Anis	NIT 772	PAT	
							1000		JUL CA	NII GI	0, 10	F # 1	
2230					- 197		TAL	ana	PLADE	-Tha	WE-1	EVIN	
BELLEVILLE OF THE PARTY.	THE RESERVE OF THE PARTY OF THE	vav 61	• P.O. Bo	x 8613	• Prat	t. KS 67	124-8613 • 1		(620) 672-12		(620) 672-	STREET, SQUARE,	