

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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) (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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**HALLIBURTON SERVICES**  
**JOB SUMMARY**

HALLIBURTON DIVISION  
LOCATION

*Wichita*  
*Idamay*

BILLED ON TICKET NO. *98465*

**WELL DATA**

FIELD *Idamay* SEC. *1* TWP. *14* RNG. *15* COUNTY *Russell* STATE *Ks*

FORMATION NAME	TYPE	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
FORMATION THICKNESS	FROM TO	CASING	<i>N</i>	<i>7.5"</i>	<i>2791</i>	<i>2796</i>	
INITIAL PROD: OIL	BPD. WATER	BPD. GAS	MCFD	LINER			
PRESENT PROD: OIL	BPD. WATER	BPD. GAS	MCFD	TUBING			
COMPLETION DATE	MUD TYPE	MUD WT.	OPEN HOLE		<i>2791</i>	<i>2895</i>	SHOTS/FT.
PACKER TYPE <i>RTIS 2730</i>	SET AT	<i>ROP 2740</i>	PERFORATIONS				
BOTTOM HOLE TEMP.	PRESSURE	PERFORATIONS					
MISC. DATA	TOTAL DEPTH	PERFORATIONS					

**TOOLS AND ACCESSORIES**

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER <i>Howco Shock Assy</i>	<i>1</i>	<i>Howco</i>
OTHER		

**MATERIALS**

TREAT. FLUID DENSITY LB./GAL. API

DISPL. FLUID DENSITY LB./GAL. API

PROP. TYPE SIZE LB.

ACID TYPE GAL. %

SURFACTANT TYPE GAL. IN

NE AGENT TYPE GAL. IN

FLUID LOSS ADD. TYPE GAL.-LB. IN

GELLING AGENT TYPE GAL.-LB. IN

FRIC. RED. AGENT TYPE GAL.-LB. IN

BREAKER TYPE GAL.-LB. IN

BLOCKING AGENT TYPE GAL.-LB. IN

PERFPAC BALLS TYPE QTY.

OTHER

OTHER

**JOB DATA**

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>9:00</i>	DATE <i>10</i>	DATE <i>2:00</i>	DATE <i>2:00</i>
TIME <i>9:00</i>	TIME <i>10</i>	TIME <i>12:00</i>	TIME <i>12:00</i>

**PERSONNEL AND SERVICE UNITS**

NAME	UNIT NO. & TYPE	LOCATION
<i>M d P</i>	<i>31927 P.U.</i>	<i>Idamay, Ks</i>
<i>S. Marguadit</i>	<i>25920 P.U.</i>	<i>Hays</i>
<i>K. Schunzel</i>	<i>0914 P.U.</i>	<i>Hays, KS</i>
<i>W. Chitcott</i>	<i>Twin HT 0526</i>	<i>Hays, KS</i>
<i>P. Cook</i>	<i>660-8014</i>	<i>Hays, KS</i>

DEPARTMENT *Cable-Logging*

DESCRIPTION OF JOB *Locate, Install, Grout Cement Plug*

*Cement 145 lbs. 1100 #100 GR to 2750 with 250 lbs. 60/90 Pz 3/4" Shocks, 3/4" CFR-2*

JOB DONE THRU: TUBING  CASING  ANNULUS  TBG./ANN.

CUSTOMER REPRESENTATIVE *Allen Bangert*

HALLIBURTON OPERATOR *M d P* COPIES REQUESTED

**CEMENT DATA**

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<i>1</i>	<i>250</i>	<i>60/90 Pz</i>	<i>A</i>		<i>B</i>	<i>3/4" CFR-2, 2% 1/2" shocks, 4% gel</i>	<i>1.25</i>	<i>14</i>
	<i>150</i>	<i>60/90 Pz</i>	<i>A</i>		<i>B</i>	<i>3/4" CFR-2, 2% 1/2" shocks, 2% gel, 1.2% CCL</i>	<i>1.25</i>	<i>14.5</i>

**PRESSURES IN PSI**

**SUMMARY**

**VOLUMES**

CIRCULATING DISPLACEMENT PRESLUSH: BBL.-GAL. TYPE

BREAKDOWN MAXIMUM LOAD & BKDN: BBL.-GAL. PAD: BBL.-GAL.

AVERAGE FRACTURE GRADIENT TREATMENT: BBL.-GAL. DISPL: BBL.-GAL. *44*

SHUT-IN: INSTANT 5-MIN. 15-MIN. CEMENT SLURRY: BBL.-GAL. *89*

ORDERED AVAILABLE USED TOTAL VOLUME: BBL.-GAL. *133*

AVERAGE RATES IN BPM REMARKS

TREATING DISPL. OVERALL

CEMENT LEFT IN PIPE

FEET *20* REASON *Customer request*

# HALLIBURTON SERVICES SUMMARY

HALLIBURTON DIVISION Wichita, Ks  
 HALLIBURTON LOCATION Hays, Ks

BILLED ON TICKET NO. 098974

## WELL DATA

FIELD \_\_\_\_\_ SEC. 1 TWP. 14 RNG. 15 COUNTY Russell STATE Kansas

FORMATION NAME \_\_\_\_\_ TYPE \_\_\_\_\_

FORMATION THICKNESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

INITIAL PROD: OIL \_\_\_\_\_ BPD. WATER \_\_\_\_\_ BPD. GAS \_\_\_\_\_ MCFD \_\_\_\_\_

PRESENT PROD: OIL \_\_\_\_\_ BPD. WATER \_\_\_\_\_ BPD. GAS \_\_\_\_\_ MCFD \_\_\_\_\_

COMPLETION DATE \_\_\_\_\_ MUD TYPE \_\_\_\_\_ MUD WT. \_\_\_\_\_

PACKER TYPE \_\_\_\_\_ SET AT \_\_\_\_\_

BOTTOM HOLE TEMP. \_\_\_\_\_ PRESSURE \_\_\_\_\_

MISC. DATA \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_

CASING	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
LINER						
TUBING			<u>See well Order</u>			
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

## JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>5-6-85</u>	DATE <u>5-6-85</u>	DATE <u>3-6-85</u>	DATE _____
TIME <u>06:00</u>	TIME <u>07:45</u>	TIME <u>09:30</u>	TIME _____

## TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

## PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Becker</u>	<u>Tools 33612</u>	<u>Hays, Ks</u>
		<u>Hays, Ks</u>
		<u>Hays, Ks</u>

## MATERIALS

TREAT. FLUID \_\_\_\_\_ DENSITY \_\_\_\_\_ LB/GAL.<sup>0</sup> API \_\_\_\_\_

DISPL. FLUID \_\_\_\_\_ DENSITY \_\_\_\_\_ TYPE \_\_\_\_\_ LB/GAL.<sup>0</sup> API \_\_\_\_\_

PROP. TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ LB. \_\_\_\_\_

PROP. TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ LB. \_\_\_\_\_

ACID TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ % \_\_\_\_\_

ACID TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ % \_\_\_\_\_

ACID TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ % \_\_\_\_\_

SURFACTANT TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ IN \_\_\_\_\_

NE AGENT TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ IN \_\_\_\_\_

FLUID LOSS ADD. TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN \_\_\_\_\_

GELLING AGENT TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN \_\_\_\_\_

FRIC. RED. AGENT TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN \_\_\_\_\_

BREAKER TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN \_\_\_\_\_

BLOCKING AGENT TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN \_\_\_\_\_

PERFPAC BALLS TYPE \_\_\_\_\_ QTY. \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

DEPARTMENT Tools + Cont.

DESCRIPTION OF JOB Run of 8 RTTS to Square Port

JOB DONE THRU: TUBING  CASING  ANNULUS  TBG./ANN.

CUSTOMER REPRESENTATIVE  Allen Bengert

HALLIBURTON OPERATOR Becker COPIES REQUESTED \_\_\_\_\_

## CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>150</u>	<u>HLC</u>	<u>A</u>		<u>B</u>	<u>1/2% Flocc + 10% BGL</u>	<u>1.89</u>	<u>13</u>
	<u>150</u>	<u>60/40P</u>	<u>A</u>		<u>B</u>	<u>1/2% Flocc, 10% BGL, 2% CC, 1.5% FR 2</u>	<u>1.30</u>	<u>14.5</u>

## PRESSURES IN PSI

## SUMMARY

## VOLUMES

CIRCULATING \_\_\_\_\_ DISPLACEMENT \_\_\_\_\_ PRESLUSH: BBL.-GAL. \_\_\_\_\_ TYPE \_\_\_\_\_

BREAKDOWN \_\_\_\_\_ MAXIMUM \_\_\_\_\_ LOAD & BKDN: BBL.-GAL. \_\_\_\_\_ PAD: BBL.-GAL. \_\_\_\_\_

AVERAGE \_\_\_\_\_ FRACTURE GRADIENT \_\_\_\_\_ TREATMENT: BBL.-GAL. \_\_\_\_\_ (50.5 + 34.7) 85.2

SHUT-IN: INSTANT \_\_\_\_\_ 5-MIN. \_\_\_\_\_ 15-MIN. \_\_\_\_\_ CEMENT SLURRY: BBL.-GAL. \_\_\_\_\_

HYDRAULIC HORSEPOWER \_\_\_\_\_ TOTAL VOLUME: BBL.-GAL. \_\_\_\_\_

ORDERED \_\_\_\_\_ AVAILABLE \_\_\_\_\_ USED \_\_\_\_\_

AVERAGE RATES IN BPM \_\_\_\_\_

TREATING \_\_\_\_\_ DISPL. \_\_\_\_\_ OVERALL \_\_\_\_\_

CEMENT LEFT IN PIPE \_\_\_\_\_

REMARKS See Job Log  
Thank You  
for

FEET \_\_\_\_\_ REASON \_\_\_\_\_

CUSTOMER