KOLAR Document ID: 1851161

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:						
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:, 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:					
	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)						
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)					
Described	Chloride content: ppm Fluid volume: bbls					
☐ Commingled Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
EOR Permit #:	Location of fluid disposal if flauled 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 Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	Type and Percent Additives			
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Oil Bbls. Per 24 Hours				Mcf Water Bbls. Gas-Oil Ratio			Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5213 12.00 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Patterson Energy LLC
Well Name	WIELAND UNIT 4-14
Doc ID	1851161

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	24	925	Class C	500	3%C2%G
Production	7.875	5.5	15.5	3350	Class A	190	5%Gyp2% G

FRANKS Oilfield Service

♦ Office Phone (785) 639-3949

AUTHORIZATION_

◆ 416 Main St., P.O. Box 225, Victoria, KS 67671 ◆ 24 Hour Phone (785) 639-7269

◆ Email: franksoilfield@yahoo.com

TICKET NUMBER 13

LOCATION	Victoria				
FOREMAN	Walt I	Divi	20.0		

		FIEI	LD TICKE	CEMENT	MENT REP	ORT		
DATE	CUSTOMER #	WELL	NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
6-10-25		Lielo	nd 4-	14	1	133	1600	A THE
CUSTOMER	.1	- Wiela	WW 4	Walker		1 /	1 10	ELLIS
Ya	Herson	Energy	/		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDR	ESS			2-8004	103	Chris		
			1	5- Norba	203	Jack		
CITY		STATE	ZIP CODE	W15.				
			D/22 11	J				
	1	HOLE SIZE	1.18"	_ HOLE DEPTH	714	CASING SIZE & V	WEIGHT 5/	
		DRILL PIPE		_TUBING2	1/8"			er 8 3129
		SLURRY VOL _		WATER gal/sk		CEMENT LEFT in	CASING MOST	23257-66
DISPLACEMENT		DISPLACEMENT	r PSI	MIX PSI		RATE		
REMARKS:	3- C							
Stety	Mooting,	Rie up	Eguran	rest, He	okup to	well t	ressure 1	Backsill
	ren toling	: 26BP	m 2 300	mix	200 sks	eless A,	Class Pune	pthaiss
Displace	e of Siver	2002	200# Y	everse	out de	sa Polled	2 3 Its	Prossure
					e Pressu		die	
								4.15
							-7.4	
				May	Sc X00			
				Wal	4+Crec	1		
ACCOUNT CODE	QUANTITY	or UNITS	DI	ESCRIPTION of S	SERVICES or PRO	DDUCT	UNIT PRICE	TOTAL
PC 005	1		PUMP CHARG				\$150000	\$1500°CO
mool	15	_	MILEAGE				\$460	\$9750
M00 3	9,			100 7	Dahvary	,	\$6000	\$40000
a transport of the same of the			Dak	P Miles	BILLIAN		\$150	\$22 SD
MODEL	/3	,	TICK V	P MINOS			6/00	P22
02001		200 (11)	010	Λ			= 1,00	Juga-CD
CP001		200 5/6	C/435	A			\$2100	\$4200°D
							-	
							subtotal	\$6420°0
						less 10	% disc.	\$64200 \$5,77800
							sub total	\$5,778°CD
	E		7					7
								9
					T V			
						= 3		

ESTIMATED TOTAL

6044.02

SALES TAX

DATE

TITLE_