KOLAR Document ID: 1857857

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 North / South Line of Section					
City:	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.xxxxxx) (e.gxxx.xxxxxx)					
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)	Multiple Stage Cementing Collar Used? Yes No					
Cathodic Other (Core, Expl., etc.):						
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)					
Commingled Permit #:	Chloride content:ppm Fluid volume:bbls					
Dual Completion Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
EOR Permit #:	Location of haid disposal in hadica offsite.					
GSW Permit #:	Operator Name:					
	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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 Approved by: Date:						

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#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		Size Hole Siz		e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Casing Plug Back TD			туре	or cement	# Jacks Oseu		Type and Percent Additives			
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
,			ls.	Flowing Gas	Pumping  Mcf			Other (Explain)  Bbls. Gas-Oil Ratio		Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPOSITION OF GAS: METHO					METHOD OF CO	THOD OF COMPLETION: PRODUCTION INTERVAL:				N INTERVAL:
☐ Vented ☐ Sold ☐ Used on Lease		Open Hole Perf.					mmingled Top		Bottom	
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (SUDI	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type			Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)			
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion					
Operator	Patterson Energy LLC					
Well Name	WASINGER B (7) 17					
Doc ID	1857857					

## Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	10.75	8.625	40	1348	Common	600	3c 2g
Production	8.625	5.5	32	3601	Common	200	3c 2g
Liner	5.5	4.5	24	3650	Common	50	3c 2g