

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 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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)</i> <i>(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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TREATMENT REPORT

Acid Stage No.

Date 9/19/2025 District F. O. No.
 Company Allam Production
 Well Name & No. Albright #1
 Location Field
 County Pena County State US
 Casing: Size 5 1/2" Type & Wt. Set at ft.
 Formation: Perf. to
 Formation: Perf. to
 Formation: Perf. to
 Liner: Size 4 1/2" Type & Wt. Top at ft. Bottom at ft.
 Cemented: Yes/No. Perforated from ft. to ft.
 Tubing: Size & Wt. Swung at ft.
 Perforated from ft. to ft.
 Open Hole Size T.D. ft. P.B. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Bbl./Gal.
 Flush Bbl./Gal.
 Treated from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 from ft. to ft. No. ft.
 Actual Volume of Oil/Water to Load Hole: 13 1/2 (Bbl./Gal.)
 Pump Trucks No. Used: Std. #323 Sp. Twin
 Auxiliary Equipment Bulk Cement #322
 Packer: Set at ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type 390# x 60/40 Poz 27% Gel
 (in lb.)

Company Representative _____

Treater [Signature]

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
8:18				AOI JSA, rig up + tie onto plug container
8:49		100#	10 Bbl	Try to break circulation, did not break
8:54		200#	55 3/4 Bbl	Start 60/40 poz 27% gel slurry, broke circ. @ 3 1/2 Bbl slurry
:				First 1 Bbl 1 1/2 Bpm @ 150#
:				Next 9 Bbl 1 1/2 Bpm @ 200#
:				Next 8 1/2 Bbl 2 Bpm @ 200#
:				Next 6 1/2 Bbl 2 Bpm @ 100#
:				Next 6 1/2 Bbl 2 Bpm @ 100#
:				Last 2 1/4 Bbl 3 1/2 Bpm @ 100#
:				ISIP-val, knock loose, wash up, tie back onto plug container
9:34		1300#	53 Bbl	Launch plug + start displacement
:				First 2 1/2 Bbl 1 Bpm @ 100#
:				Next 3 1/2 Bbl 1 Bpm @ 100#
:				Next 2 Bbl 1 1/2 Bpm @ 200#
:				Next 3 Bbl 1 1/2 Bpm @ 300#
:				Next 2 1/2 Bbl 1 1/2 Bpm @ 400#
:				Next 7 1/2 Bbl 1 1/2 Bpm @ 500#
:				Next 5 Bbl 1 1/2 Bpm @ 600#
:				Next 2 Bbl 1 1/2 Bpm @ 700#
:				Next 4 Bbl 1 1/2 Bpm @ 800#
:				Last 2 Bbl 1 1/4 Bpm @ 900#
:				plug landed @ 1300#, No cement @ surface, wait 1 hr. + tie onto 5 1/2" casing
11:10		800#	80 Bbl	Start 60/40 poz 27% gel slurry
:				First 1 1/2 Bbl 3/4 Bpm @ 500#
:				Next 4 1/2 Bbl 1/2 Bpm @ 500#
:				Next 5 1/2 Bbl 3/4 Bpm @ 500#
:				Next 3 Bbl 1 Bpm @ 500#
:				Next 3 1/2 Bbl 1 Bpm @ 600#
:				Next 3 Bbl 1 Bpm @ 700#
:				Last 9 Bbl 1 Bpm @ 800#
:				ISIP-150#, shut in
12:28				Wash up, tear down, L.L.

THANKS



TREATMENT REPORT

Acid Stage No. _____

Date <u>10/13/2021</u> District <u>GB</u> F.C. No. <u>C60417</u> Company <u>ALLAM PRODUCTION</u> Well Name & No. <u>ALBRIGHT #1</u> Location _____ Field _____ County <u>RENO</u> State <u>KS</u> <hr/> Casing: Size <u>5 1/2</u> Type & Wt. _____ Set at _____ ft. Formation: _____ Perf. _____ to _____ Formation: _____ Perf. _____ to _____ Formation: _____ Perf. _____ to _____ Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft. Cemented: <input checked="" type="checkbox"/> Perforated from _____ ft. to _____ ft. Tubing: Size & Wt. <u>2 7/8</u> Swung at _____ ft. Perforated from _____ ft. to _____ ft. <hr/> Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black;">Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Bkdown _____ Bbl./Gal. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____ Bbl./Gal. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____ Bbl./Gal. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">_____ Bbl./Gal. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Flush _____ Bbl./Gal. _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Treated from _____ ft. to _____ ft. No. ft. <u>0</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">from _____ ft. to _____ ft. No. ft. <u>0</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">from _____ ft. to _____ ft. No. ft. <u>0</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Pump Trucks. No. Used: Std. <u>320</u> Sp. _____ Twin _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Auxiliary Equipment _____ <u>327</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Personnel <u>GREG CLARENCE</u></td> </tr> <tr> <td style="border-bottom: 1px solid black;">Auxiliary Tools _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Plugging or Sealing Materials: Type _____ Gals. _____ lb.</td> </tr> </table>	Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand	Bkdown _____ Bbl./Gal. _____	_____ Bbl./Gal. _____	_____ Bbl./Gal. _____	_____ Bbl./Gal. _____	Flush _____ Bbl./Gal. _____	Treated from _____ ft. to _____ ft. No. ft. <u>0</u>	from _____ ft. to _____ ft. No. ft. <u>0</u>	from _____ ft. to _____ ft. No. ft. <u>0</u>	Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.	Pump Trucks. No. Used: Std. <u>320</u> Sp. _____ Twin _____	Auxiliary Equipment _____ <u>327</u>	Personnel <u>GREG CLARENCE</u>	Auxiliary Tools _____	Plugging or Sealing Materials: Type _____ Gals. _____ lb.
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Company Representative LARRY RESSLER Treater GREG C.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:30				ON LOCATION
				HOLES 2415-2478'. PACKER SET @ 2296'
				PSI BACKSIDE TO 500#. INJ RATE DOWN TUBING 3 BPM 400#
				MIX 250 SKS COMMON 3% CC.
				DISPLACE WITH 13.75 BBLs H2O. SHUT VALVE & WASH UP, SHUT IN FOR 30
				PUMP 1/2 BBL, WAIT 15 MINUTES. 14.25 OUT
				PUMP 1/2 BBL, WAIT 15 MINUTES. 14.75 OUT
				PUMP 1/4 BBL. 15 OUT. RELEASE PRESSURE, CEMENT STAYED PUT.
				PULL 10 JOINTS REVERSE OUT WITH 18 BBLs.
				SET PACKER, PSI TO 600#. SHUT VALVE
3:30				JOB COMPLETE
				THANK YOU!!!

