

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

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)*

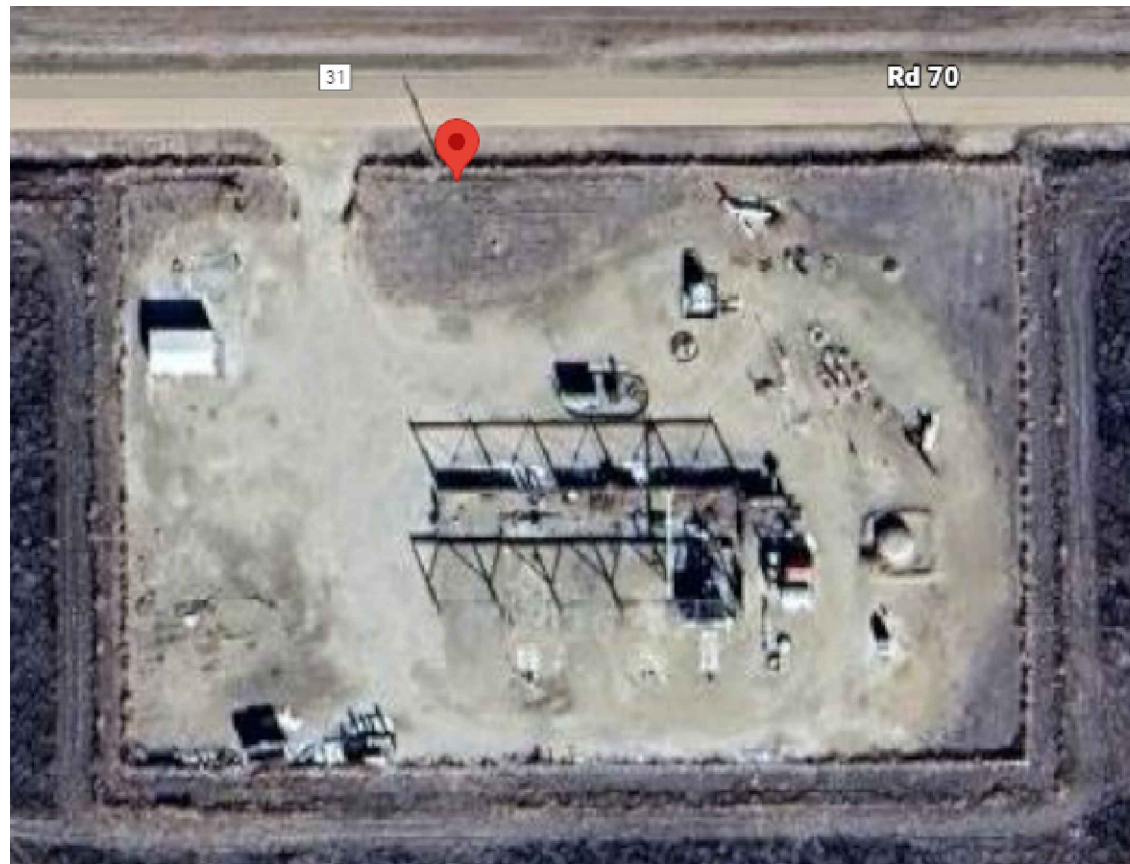
Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water 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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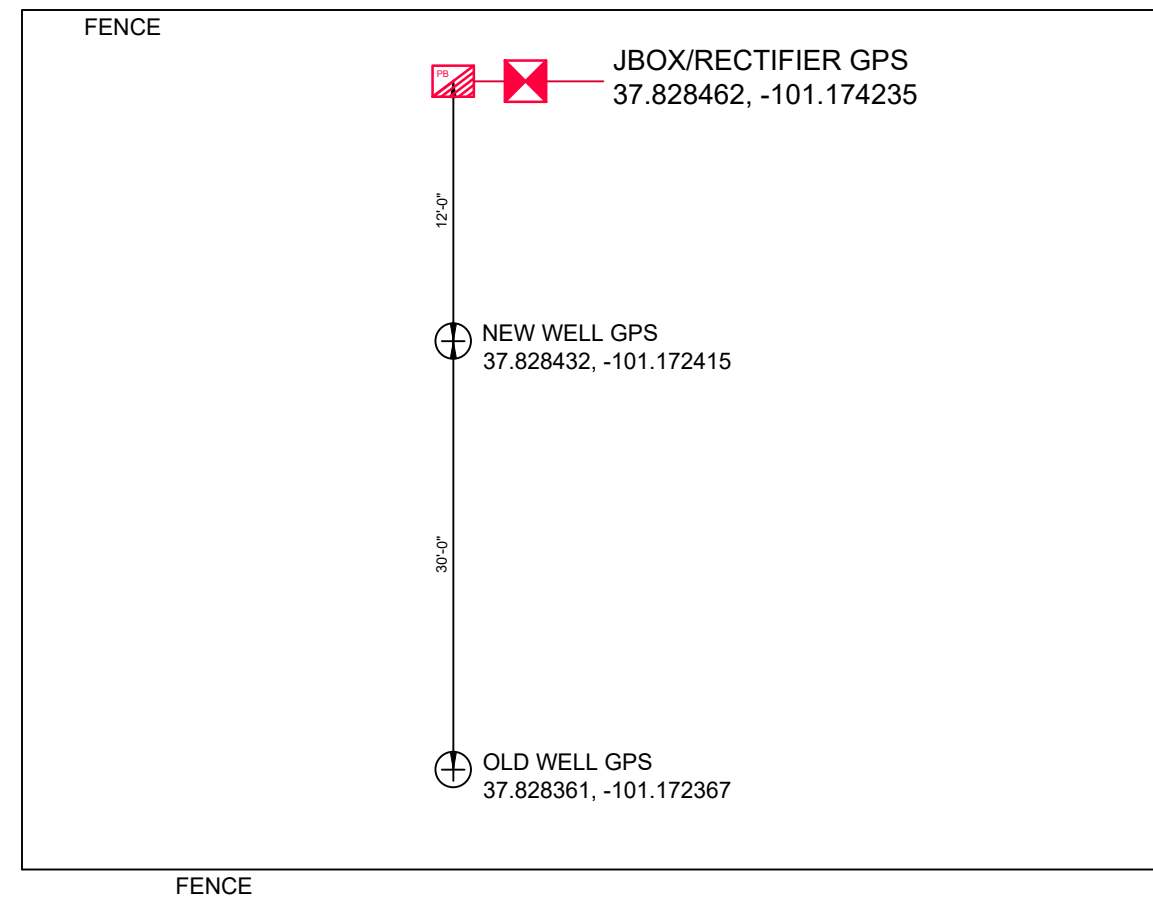
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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CR 31




1 PROJECT LOCATION PLAN

A INSERT

**SAFETY ALERT:** THIS DOCUMENT DOES NOT REFLECT ACTUAL SITE OR SUBSURFACE CONDITIONS AND SHALL NOT BE RELIED UPON FOR THE LOCATION OF ANY UTILITIES, CURRENTS, HAZARDS OR OTHER CONDITIONS WHERE THE WORK IS TO BE PERFORMED. UNDERGROUND STRUCTURES AND UTILITIES MAY BE PRESENT WHICH ARE NOT DOCUMENTED OR LOCATED. THIS DOCUMENT IS FURTHER SUBJECT TO ALL SAFETY NOTES SET FORTH HEREIN.

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CLIENT	ENERGY TRANSFER
TITLE	CATHODIC PROTECTION SYSTEM DEEP ANODE GROUND BED INSTALLATION 4373 STATION 7 LAKIN, KANSAS KEARNY COUNTY

		DRAFT DATE (YYYY.MM.DD)	2026.1.16	DRAWN BY	C.BROWN
		DESIGNED BY	J.DYKES	CHECKED BY	P.KING
APPROVED BY	P.KING	CLIENT DRAWING NO.	24201-01		
PROJECT NO.	24201-01	SCALE	NTS	SHEET NO.	1 OF 1
DRAWING NO.	24201-01	REV.	0		

REV.	DATE	REVISION DESCRIPTION	BY	CHK.	ENG.	APP.
0	1.16.26	AS-BUILT	JD	PK	CLB	PK

JOB NO: 24201  
 CUSTOMER: Energy Transfer  
 CUSTOMER REP: Chris Stahlecker  
 GPS COORD: 37.828432 -101.172415  
 ADDRESS: 4373 Station 7  
 FOREMAN: Charlie Shaw  
 DRILLER: Jimmy Dykes  
 ELEVATION:

DATE: 11.12.2025  
 DIA. HOLE: 10"  
 DEPTH: 300'  
 COKE TYPE: SC-3  
 # OF COKE: 165 Bags  
 # OF BENTONITE: 60 Bags  
 COLUMN LENGTH: 220'  
 INACTIVE LENGTH: 80'  
 PRE/POST COKE:

CASING: SDR-21  
 DIAMETER: 10"  
 CASING DEPTH: 20'  
 # OF ANODES: 20  
 ANODE TYPE: 2684Z HSCI  
 ANODE LEAD: #8 Halar  
 CALIBRATION METER MODEL:  
 CALIBRATION METER DATE:

RECTIFIER MFG:  
 MODEL:  
 SERIAL #:  
 V-DC:  
 A-DC:  
 PRIM-V:  
 PHASE:  
 COMMISSIONING VOLTS:  
 COMMISSIONING AMPS:

DEPTH FT.	DRILLER'S LOG	ANODE NO.	ELECTRIC LOG				DEPTH FT.	DRILLER'S LOG	ANODE NO.	ELECTRIC LOG			
			VOLTS	AMPS	RESIS.	REMARKS				VOLTS	AMPS	RESIS.	REMARKS
0	Sand	Casing					250	Sand	A-5		2.9		
5							255						
10							260		A-4		3.0		
15							265						
20							270		A-3		3.0		
25							275						
30							280		A-2		3.1		
35							285	Clay					
40							290		A-1		2.1		
45							295						
50						300							
55						305							
60	Sand					310							
65						315							
70						320							
75						325							
80						330							
85						335							
90						340							
95						345							
100		A-20		1.5		350							
105						355							
110	Sand	A-19		1.8		360							
115						365							
120		A-18		1.9		370							
125						375							
130		A-17		1.8		380							
135	Sand					385							
140	Clay	A-16		2.0		390							
145						395							
150		A-15		2.1		400							
155						405							
160		A-14		2.2		410							
165						415							
170		A-13		2.1		420							
175	Clay					425							
180		A-12		2.8		430							
185						435							
190		A-11		2.9		440							
195						445							
200		A-10		3.0		450							
205						455							
210		A-9		3.1		460							
215						465							
220		A-8		2.4		470							
225	Clay					475							
230		A-7		2.1		480							
235						485							
240		A-6		2.2		490							
245	Clay					495							