

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION**

Form ACO-1
September 1999
Form Must Be Typed

**WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 6035
 Name: ONE OK D/B/A KANSAS GAS SERVICE
 Address: 1021 East 27th
 City/State/Zip: Wichita, Kansas 67201
 Purchaser: _____
 Operator Contact Person: Ray Sams
 Phone: (316) 832-3184
 Contractor: Name: ROSENCRANTZ BEMIS ENT. D/B/A
 License: 6427 DARLING DRILLING CO.
 Wellsite Geologist: Greg Dodson
 Designate Type of Completion:
☒ New Well ☐ Re-Entry ☐ Workover
☐ Oil ☐ SWD ☐ SIOW ☐ Temp. Abd.
☐ Gas ☐ ENHR ☐ SIGW
☐ Dry ☒ Other (Core, WSW, Expl., CathodM/I&H)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
☐ Deepening ☐ Re-perf. ☐ Conv. to Enhr./SWD
☐ Plug Back ☐ Plug Back Total Depth
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Enhr.?) ☐ Docket No. _____
 11/13/01 11/13/01 11/13/01
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 173-20938-0000
 County: Sedgwick
W2 SW SW SW Sec. 31 Twp. 26 S. R. 1 ☒ East ☐ West
231 feet from S / N (circle one) Line of Section
18 feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Public R-O-W Station #905 Well #: E
 Field Name: _____
 Producing Formation: _____
 Elevation: Ground: 1319 Kelly Bushing: _____
 Total Depth: 45ft. Plug Back Total Depth: 45ft.
 Amount of Surface Pipe Set and Cemented at N/A 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 A173 RJP 3-7-03
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used NO RESERVE PIT
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Greg Dodson
 Title: Mgr Date: 2-22-02
 Subscribed and sworn to before me this 22 day of February,
2012.
 Notary Public: James Dodson
 Date Commission Expires: 02/06/05

KCC Office Use ONLY

NO ☒ Letter of Confidentiality Attached
 If Denied, Yes ☐ Date: _____
 _____ Wireline Log Received
NO ☒ Geologist Report Received
 _____ UIC Distribution

Operator Name: ONE OK D/B/A KANSAS GAS SERVICE Lease Name: Public R-O-W Station #905 Well #: ESec. 31 Twp. 26 S. R. 1 ☒ East ☐ West County: Sedgwick

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
(Attach Additional Sheets)Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top DatumCASING RECORD ☐ New ☐ 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
KCC	DID NOT	REQUIRE ANY	CASING PER	EXEMPT	ION	11/13/01	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ☒ Plug Back TD ☒ Plug Off Zone	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
	AQUA	GUARD WAS	PUMPED IN	FROM T.D. TO 3' BELOW GROUND-THEN HOLE
	PLUG TO	SURFACE		

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	NONE		

TUBING RECORD			Size	Set At	Packer At	Liner Run		
N/A						☐ Yes	☐ No	
Date of First, Resumed Production, SWD or Enhr.				Producing Method				
N/A				☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)				
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	N/A		N/A		N/A			

Disposition of Gas METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Submit ACO-18.)☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☒ Other (Specify) PRE-PLUG