

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

OPERATOR: License # 32953
Name: ANR Pipeline Company
Address 1: 33854 State Hwy "TT"
Address 2: _____
City: Graham State: MO Zip: 64455 + _____
Contact Person: Charles Bucy
Phone: (660) 939-3239
CONTRACTOR: License # 473
Name: Tyler Water Well Service
Wellsite Geologist: _____
Purchaser: _____

Designate Type of Completion:

- ☐ New Well ☐ Re-Entry ☐ Workover
- ☐ Oil ☐ WSW ☐ SWD ☐ SIOW
☐ Gas ☐ D&A ☐ ENHR ☐ SIGW
☐ OG ☐ GSW ☐ Temp. Abd.
☐ 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 ENHR ☐ Conv. to SWD
☐ Conv. to GSW

- ☐ Plug Back: _____ Plug Back Total Depth _____
☐ Commingled Permit #: _____
☐ Dual Completion Permit #: _____
☐ SWD Permit #: _____
☐ ENHR Permit #: _____
☐ GSW Permit #: _____

9/22/11 10/17/11
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 119-21297-00-00
Spot Description: MP. 61.9 TR 100, Meade Co. Kansas
____ SE NE SE Sec. 9 Twp. 35 S. R. 30 ☐ East ☒ West
1,930 Feet from ☐ North / ☒ South Line of Section
380 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Meade
Lease Name: ANR MP 61.9 Well #: 2
Field Name: _____
Producing Formation: _____
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 325 Plug Back Total Depth: 225
Amount of Surface Pipe Set and Cemented at: 20 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: Steel Pit

Location of fluid disposal if hauled offsite:

Operator Name: Meade Co. Landfill
Lease Name: _____ License #: _____
Quarter SW Sec. 27 Twp. 31 S. R. 28 ☐ East ☒ West
County: Meade Permit #: 0128

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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.

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.

Signature: Charles S. Bucy
Title: CORROSION SPECIALIST Date: 11/28/2011

KCC Office Use ONLY

- ☐ Letter of Confidentiality Received
Date: _____
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☐ II ☒ III Approved by: Dg Date: 12/6/11

Operator Name: ANR Pipeline Company Lease Name: ANR MP 61.9 Well #: 2
 Sec. 9 Twp. 35 S. R. 30 ☐ East ☒ West County: Meade

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No

Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

CASING 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
Seal Aquifer	16	10	SDR 21	20	Bentonite	8	N/A

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

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

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Duality Comp. (Submit ACO-5) <input type="checkbox"/> Cemented (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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corrproJOB NO. 340310042INSTALLATION DATE 10/17/2011JOB TITLE INSTALLATION OF CATHODIC PROTECTION DEEP ANODE BEDJOB SITE MP 61.9COMPANY ANR - TransCanadaRotary: X Cable Tool: _____ Casing: 10" x 20' PVCGroundbed Depth: 300' Diameter: 10" Cokebreeze: Lores SC-3 Anodes: 10 EA. - TA-4 TUBULAR ANODES

Depth Ft.	Exploring Anode Log And Driller's Log	TO STRUCTURE			Without Coke	With Coke	Depth Top of Anode	
		E	I				No.	Ft.
0	CASING	14.79						
10	CASING				2.1			
20	CASING				2.1			
30					2.1			
40					3.4			
50					2.6			
60					3.5			
70					2.1			
80					2.3			
90					3.1			
100					2.4			
110					3.3			
120					2.9			
130					3.0			
140					5.1			
150					3.1			
160					4.3			
170					3.4			
180					4.1			
190					4.8			
200					4.3	25.9		200'
210					5.0	28.7		210'
220					5.6	24.5		220'
230					7.2	36.3		230'
240					7.7	25.4		240'
250					7.9	29.80		250'
260					13.7	25.40		260'
270					15.2	36.30		270'
280					16.7	16.20		280'
290					14.9	20.50		290'
300					15.5	22.2		300'
310								
320								
330								
340								
350								
360								
370								
380								
390								
400								

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To Whom It May Concern:

I give permission to Tyler Water Well Service to dispose drill cuttings in Meade County Landfill. Meade County Landfill is located @ 11147 18 Rd in Meade County Kansas, permit number 0128.

Brad Foster

Brad Foster per Christina Rosendahl
(public works secretary)

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Company Name: TRANS CANADA

Location Name: MP 61.9

State: KS

County: MEADE

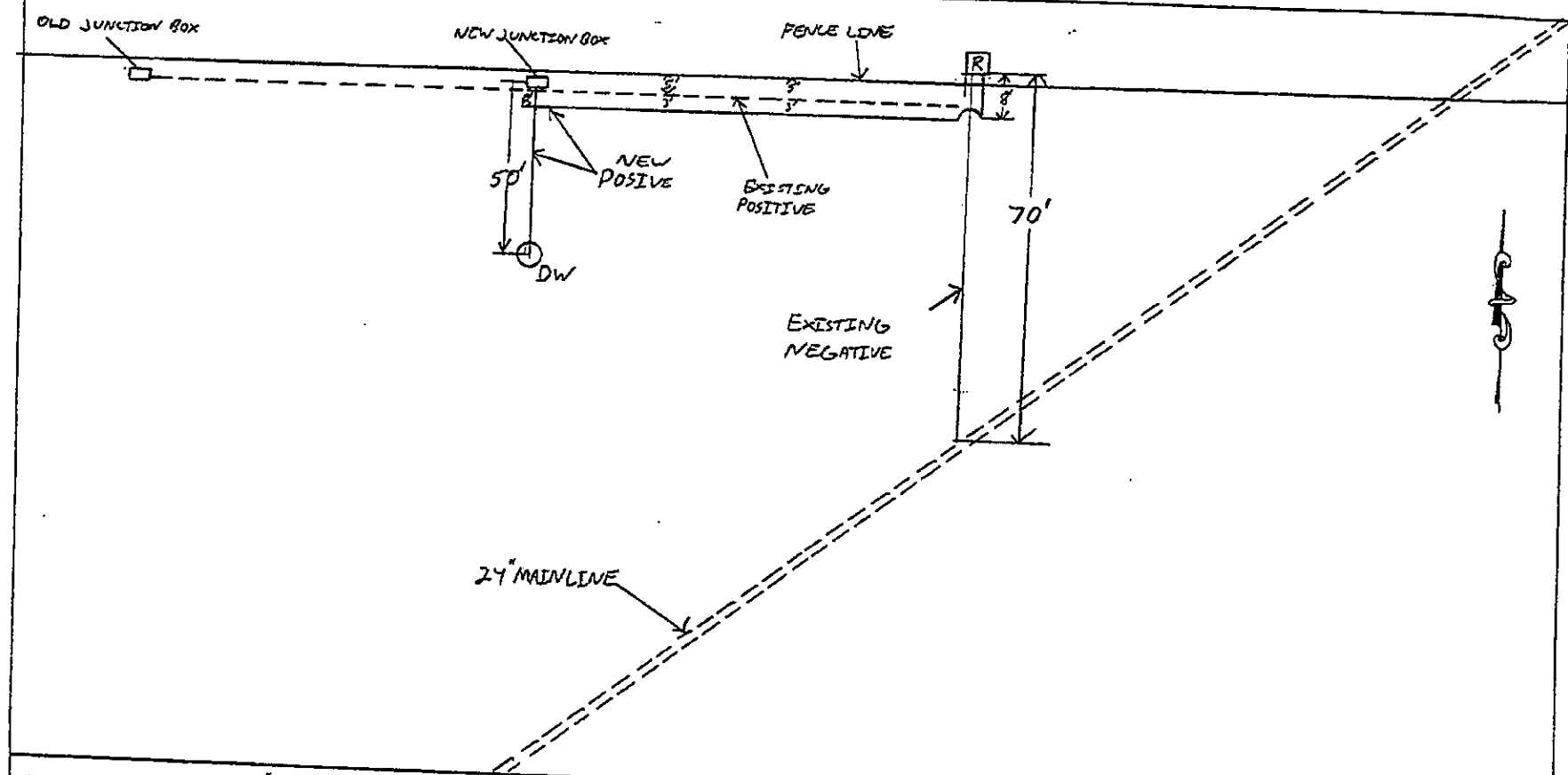
Section: 28

Township: 6N

Range: 22E

GPS: N

W



Number & Type Anodes: 10 1" x 39.4" MMO Anode Depth & Spacing: 300' DEEP 10' SPACING

Cokebreeze Type: PET

Header Cable Type & Size: #2 HMW

Rectifier: UNIVERSAL Model: _____

Serial No.: _____ Other: _____

Foreman: LEON WHEATSTONE Job Number: 340310042

Installation Date: _____

Completion Date: 11-17-11 Commission Date: _____

REVISION			REVISIONS			REV.	CHK.	APP.
NO.	DATE							
1								
2								
3								
4								

corrpro
An Insituform Company

DESIGNED BY	GMKish
CHECKED	
SCALE	N.T.S.
DATE	
BY	

As-Built Drawing

TULSA DISTRICT OFFICE
SAND SPRINGS, OKLAHOMA

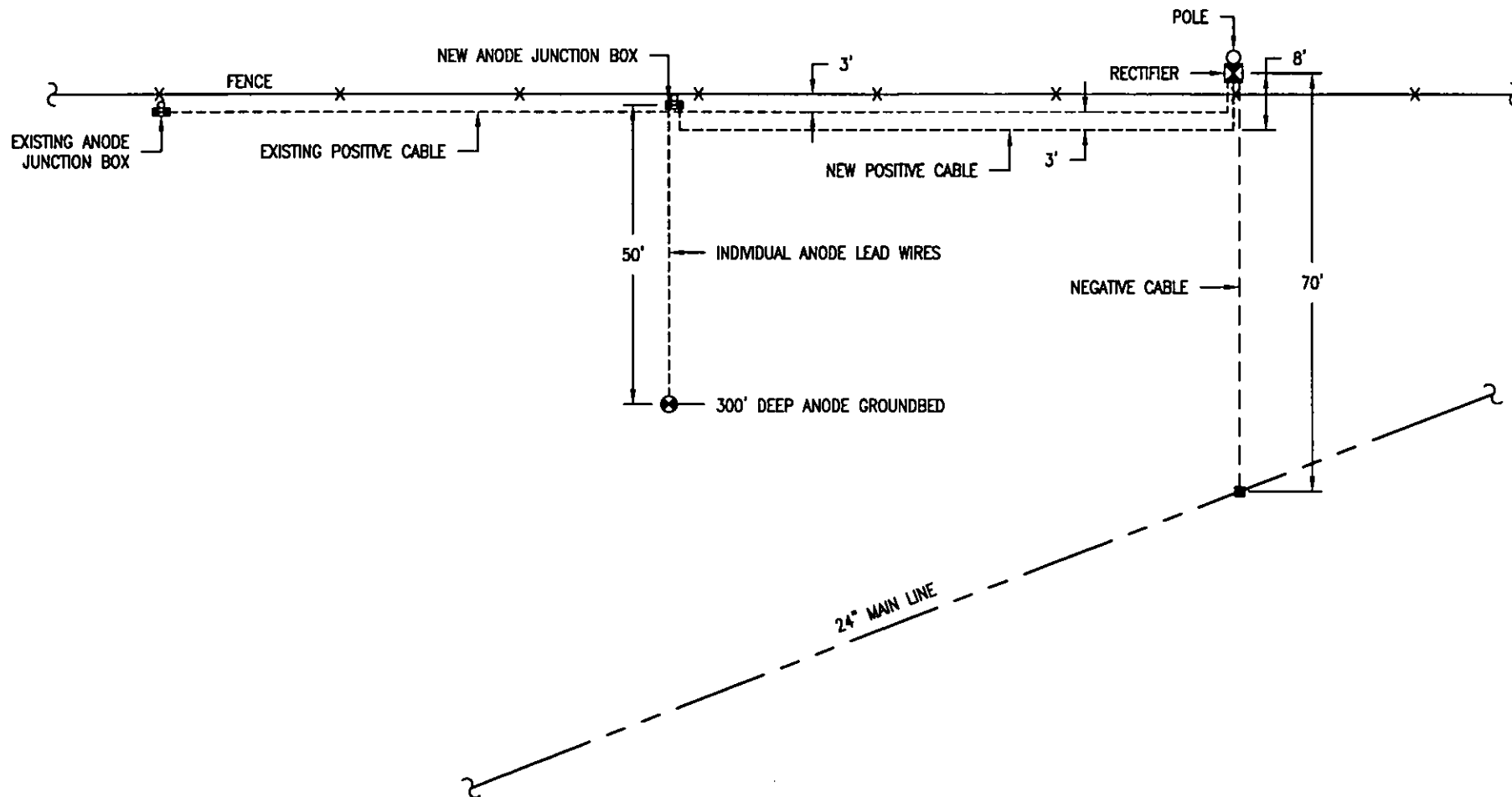
KCC WICHITA

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STATE: KANSAS
COUNTY: MEADE
SECTION: 28
TOWNSHIP: 6N
RANGE: 22E
GPS: N.
W.

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KCC WICHITA



G:\Regional\KCS\2011\31 TUBSA\340310042 TRANSCANADA\340310042-01.dwg LAYOUT: Model

REVISED		REVISIONS		REV.	CHK.	APP.
NO.	DATE					
△						
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THE INTENDED USER.

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DRAWN BY: FMoreno
CHECKED BY: TWhetstone
DATE: 11-16-11
SCALE: N.T.S.
JOB NO.: 340310042
DWG. NO.: 340310042-01

TRANSCANADA
CATHODIC PROTECTION SYSTEM
DEEP ANODE GROUND BED
INSTALLATION LAYOUT
M.P. 61.9