



KANSAS CORPORATION COMMISSION 1086038
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3553
Name: Citation Oil & Gas Corp.
Address 1: 14077 Cutten Rd
Address 2: PO BOX 690688
City: HOUSTON State: TX Zip: 77269 + 0688
Contact Person: Kimberly Moorhead
Phone: (281) 891-1000
CONTRACTOR: License # 99975
Name: COMPANY SERVICING TOOLS
Wellsite Geologist: None
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: Tenneco Oil E&P
Well Name: Weiland 5-5

Original Comp. Date: 11/30/1984 Original Total Depth: 3325
☐ 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 #: _____

05/07/2012 06/26/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-051-04990-00-02

Spot Description:
NW NW SW NE Sec. 1 Twp. 13 S. R. 16 ☐ East ☒ West
3669 Feet from ☐ North / ☒ South Line of Section
2407 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Ellis

Lease Name: Weiland Well #: 5-5

Field Name: Fairport

Producing Formation: Topeka D, LKC A, LKC B, LKC C, LKC D, LKC F

Elevation: Ground: 1909 Kelly Bushing: 1913

Total Depth: 3325 Plug Back Total Depth: 3105

Amount of Surface Pipe Set and Cemented at: 0 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

- ☒ Letter of Confidentiality Received
Date: 06/28/2012
☐ Confidential Release Date: _____
☐ Wireline Log Received
☐ Geologist Report Received
☒ UIC Distribution
ALT ☒ I ☐ II ☐ III Approved by: NAOMI JAMES Date: 07/02/2012