

Kansas Corporation Commission Oil & Gas Conservation Division

150835

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:	SecTwpS. R 🔲 East 🗌 West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from East / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	County:				
Name:	Lease Name: Well #:				
Wellsite Geologist:	Field Name:				
Purchaser:	Producing Formation:				
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:				
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:				
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?				
Operator:					
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #:	Operator Name:				
Dual Completion Permit #:	Lease Name: License #:				
SWD Permit #:	Quarter Sec Twp S. R				
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:				
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date					

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:						
Confidential Release Date:						
Wireline Log Received						
Geologist Report Received						
UIC Distribution						
ALT I I II Approved by: Date:						

Side Two



Operator Name:			Lease Name: _			_ Well #:		
Sec Twp	S. R	East West	County:					
time tool open and clo	osed, flowing and shu es if gas to surface te	d base of formations pen t-in pressures, whether s st, along with final chart(well site report.	hut-in pressure rea	ched static level,	hydrostatic press	sures, bottom h	nole temperature, fluid	
Drill Stem Tests Taken Yes No (Attach Additional Sheets)			Log Formation (Top), De		nd Datum	Sample		
Samples Sent to Geological Survey		☐ Yes ☐ No	Nam	Name		Тор	Datum	
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes No Yes No Yes No						
List All E. Logs Run:								
		Report all strings set-		ermediate, producti	<u> </u>			
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 / SQL	 JEEZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	s Used Type and Percent Additives				
	DEDEODATI	ON DECORD - Deider Blue	- O-4/T	Asid Fro	otura Chat Caman	t Causana Dagar		
Shots Per Foot PERFORATION RE Specify Footage		Footage of Each Interval Per	RECORD - Bridge Plugs Set/Type tage 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 EN	HR. Producing Meth		Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:		IETHOD OF COMPLETION:			PRODUCTION INTERVAL:			
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled			
(If vented, Su	bmit ACO-18.)	Other (Specify)	(Submit)	4CO-5) (Sub	mit ACO-4)		_	