

KCC WICHITA

MAY 07 2014

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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

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 # 33659
Name: ONEOK NGL PIPELINE, L.L.C.
Address 1: P.O. BOX 29
Address 2:
City: MEDFORD State: OK Zip: 73759 + 0029
Contact Person: Wendy Berndt
Phone: (580) 395-6294
CONTRACTOR: License # 134
Name: Darling Drilling
Wellsite Geologist: N/A
Purchaser: N/A

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 #:

3/31/14 4/2/14 4/5/14

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 097-21785-00-00

Spot Description: KGS-13 / MP 92

~~NW NW NE NE~~ Sec. 26 Twp. 27 S. R. 20 East West
~~SE SE SE SW~~

20 Feet from North / South Line of Section

2,588 2766 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: KIOWA

Lease Name: MP 92 Well #: 1

Field Name:

Producing Formation:

Elevation: Ground: 2291 Kelly Bushing:

Total Depth: 305 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 170 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: 101 bbls

Dewatering method used:

Location of fluid disposal if hauled offsite:

Operator Name: Waste Connections

Lease Name: License #:

Quarter Sec. 3 Twp. 31 S. R. 6 East West

County: Harper Permit #: 0842

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: [Handwritten Signature]
Title: Enu. Eng, PPL Date: 5-2-14

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: [Signature] Date: 5/7/14

Operator Name: ONEOK NGL PIPELINE, L.L.C. Lease Name: _____ Well #: 1
 Sec. 26 Twp. 27 S. R. 20 East West County: KIOWA

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> 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 checked="" 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
Surface casing	14	8	8.05	170	Neat	Used Truck	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	RECEIVED
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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 <i>(Explain)</i> _____					
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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)</i> <input checked="" type="checkbox"/> Other <i>(Specify)</i> <u>Cathodic Protection</u>	PRODUCTION INTERVAL: _____ _____
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QF 4.10.10 DEEP ANODE DRILLING LOG

REV 3



Job No. 10-13-2817 POWO No. _____ Date 4/2/2014
 Client ONEOK Drilling Co.: ROSENCRANTZ-BEMIS ENTERPRISE, INC
 Location MP 92 GPS: Lat: N37.675049 Long: W99.476265
 Calibrated Instrument Used: FLUKE 177 S/N 95580274

Depth	Logging Volts: 13.38		Geological Log	Depth	Logging Volts: 13.38		Geological Log	No	Depth	No Coke	With Coke								
	Amps	Ohms			Amps	Ohms													
5				205				1	300	3.60	7.00								
10				210	1.80	7.43		2	290	3.20	8.60								
15				215				3	280	3.60	8.60								
20				220	1.80	7.43		4	270	2.80	7.30								
25				225				5	260	2.70	7.50								
30				230	1.20	11.15		6	250	3.20	4.50								
35				235				7	240	1.70	3.80								
40				240	1.70	7.87		8	230	1.20	4.00								
45				245				9	220	1.80	2.50								
50				250	3.20	4.18		10	210	1.80	2.90								
55				255				11	200	2.50	3.20								
60				260	2.70	4.96		12	190	1.70	5.00								
65				265				13											
70				270	2.80	4.78		14											
75				275				15											
80				280	3.60	3.72		16											
85				285				17											
90				290	3.20	4.18		18											
95				295				19											
100				300	3.60	3.72		20											
105				305	3.70	3.62		21											
110				310				22											
115				315				23											
120				320				24											
125				325				25											
130				330				26											
135				335				27											
140				340				28											
145				345				29											
150				350				30											
155				355				31											
160				360				32											
165				365				33											
170	0.20	66.90		370				34											
175				375				35											
180	1.30	10.29		380				36											
185				385				37											
190	1.70	7.87		390				Volts		13.38									
195				395				Amps		29.80	64.90								
200	2.50	5.35		400				Ohms		0.45	0.00								
Hole Dia.:		8"		Total Depth:		305'		Casing Feet:		170'		Dia.:		8"		Type:		SDR 21	
No. Anodes:		12		Size and Type:		3884 CAST IRON		Anode Lead:		Size:		Type:							
Lbs. Coke:		3000#		Coke Type:		LORESCO SC-3		Top of Coke Column:		178'		Vent:		140'					

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GMD #5 CATHODIC WELL COMPLETION (AS BUILT) PLAN PURSUANT TO K.A.R. 82-3-706

Big Bend Groundwater Management District No. 5

125 South Main St. P.O. Box 7
Stafford, Kansas 67578

DISTRICT PERMIT NUMBER
CPB-14-01

Well Location: Kiowa	NW <small>1/4</small>	NW <small>1/4</small>	NE <small>1/4</small>	Section 26	Township 275	Range 20W
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APPLICANT:

Contact Person: Wendy Berndt
 Name: ONEOK NGL Pipeline, L.L.C.
 Address: P.O. Box 29
 City/State/Zip Code: Medford, Oklahoma 73759
 Telephone No. 580-395-6294
 Fax No. 580-395-2933

CONTRACTOR/DRILLER:

License No. 134

Contact Person: Greg Dodson
 Name: Darling Drilling
 Address: 3916 W. 56th Avenue
 City/State/Zip Code: Hutchinson, KS 67502
 Telephone No. 620-662-7901
 Fax No. _____

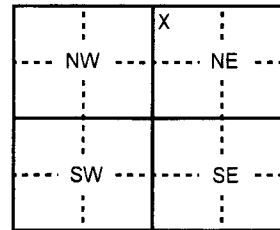
Drill Cuttings Recorded At 5 Feet Intervals? (minimum allowable) YES NO (circle one)

If "NO", What interval? _____

Drillers Log attached? YES NO (circle one)

Geophysical/Electrical logs completed: YES NO (circle one)

Geophysical/Electrical logs attached: YES NO (circle one)



Bore hole completion: Cased / Uncased

Diameter _____
 Casing material PVC
 Outside diameter of surface casing: 8.625"
 Minimum wall thickness 0.5"
 SDR 21
 Casing interval 3 to 170
 Centralizer locations: 3, 40, 80, 100, 140, and 170 feet bls
 Grout material Cement
 Grout intervals 0 to 170 feet bls
 Anode conductor (backfill) material: Loresco SC3
 Anode conductor interval: 170 to 305 feet bls
 Anode interval 190 to 305 feet bls

Drilling pit construction: (Mark Yes or No)

- A. Hydraulic conductivity of bottom and side less than 1×10^{-7} cm.sec: _____
- B. Above Ground: _____
- C. Portable: _____

Number of copies of well completion form submitted to GMD #5: _____
 Number of copies of geophysical/electrical logs submitted to GMD #5: _____
 Number of copies of Completion (as built plan) form submitted to GMD #5: _____

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	15	fine sand			
15	20	coarse sand			
20	45	small gravel			
45	80	coarse sand			
80	90	fine sand			
90	100	fine sand - clay			
100	170	clay - shale			
170	305	clay			

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Date Submitted: _____

WATER WELL RECORD

Form WWC-5

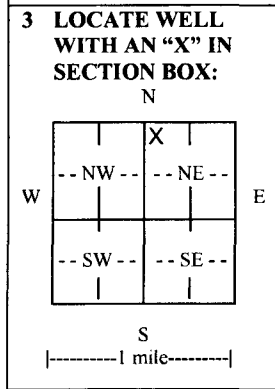
Division of Water Resources App. No.

1 LOCATION OF WATER WELL: County: KIOWA	Fraction NW ¼ NW ¼ NW ¼ NE ¼	Section Number 26	Township No. T 27 S	Range Number R 20 <input type="checkbox"/> E <input checked="" type="checkbox"/> W
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Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .
6 miles North of Mullenville, KS

Global Positioning System (GPS) information:
 Latitude: (in decimal degrees)
 Longitude: (in decimal degrees)
 Elevation: **2291**
 Datum: WGS 84, NAD 83, NAD 27
 Collection Method:
 GPS unit (Make/Model:)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m

2 WATER WELL OWNER: **ONEOK**
 RR#, Street Address, Box #: **P.O. Box 29**
 City, State, ZIP Code : **Medford, OK 73759**



4 DEPTH OF COMPLETED WELL **305** ft.

Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.

WELL'S STATIC WATER LEVEL.....ft. below land surface measured on mo/day/yr.....

Pump test data: Well water was.....ft. after..... hours pumping..... gpm

EST. YIELD.....gpm. Well water was.....ft. after..... hours pumping..... gpm

Bore Hole Diameter **14**.....in. to **170**.....ft., and **8**.....in. to **305**.....ft.

WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well Cathodic Protection....

Was a chemical/bacteriological sample submitted to Department? Yes No

If yes, mo/day/yr sample was submitted.....

Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other

CASING JOINTS: Glued Clamped Welded Threaded

Casing diameter **8**..... in. to **170**..... ft., Diameter in. to ft., Diameter in. to ft.

Casing height above land surface **36**..... in., Weight **8.05**.....lbs./ft., Wall thickness or gauge No. **0.5**.....

TYPE OF SCREEN OR PERFORATION MATERIAL:
 Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)

SCREEN-PERFORATED INTERVALS: From..... ft. to ft., From..... ft. to ft.
 From..... ft. to ft., From..... ft. to ft.

GRAVEL PACK INTERVALS: From..... ft. to ft., From..... ft. to ft.
 From..... ft. to ft., From..... ft. to ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other

Grout Intervals: From **0**..... ft. to **170**..... ft., From..... ft. to ft., From..... ft. to ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Pipeline.....

Direction from well **South**..... Distance from well **33**.....

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	15	Fine sand			
15	20	Coarse sand			
20	45	Small gravel			
45	80	Coarse sand			
80	90	Fine sand			
90	100	Sand-Clay			
100	170	Clay shale			
170	305	Clay			

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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) **4/5/14**..... and this record is true to the best of my knowledge and belief.

Kansas Water Well Contractor's License No. **134**..... This Water Well Record was completed on (mo/day/year) **4/24/14**..... under the business name of **ONEOK NGL Pipeline, L.L.C.**..... by (signature) *[Signature]*

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367 Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>