

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  WSW  SWD

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

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

API No.: \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27  NAD83  WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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

Confidentiality Requested

Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto:kcc-well-logs@kcc.ks.gov). Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No  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 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

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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	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 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 <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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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## Summary of Changes

Lease Name and Number: FULSOM "B" 15-4

API/Permit #: 15-019-27564-00-00

Doc ID: 1354372

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	02/22/2017	11/09/2017
Date of First or Resumed Production or SWD or Enhr Fracturing Question 1	No	03/22/2017 Yes
Fracturing Question 2		No
Geologist Report / Mud Logs?		No
Method Of Completion - Perf	No	Yes
Perf_acid1		500 Gal 15% Hcl, 10,000# Frac Sand
Perf_perf1bottom		1530
Perf_perf1top		1492
Perf_shots1		2

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
PerforationsRevised		[[dataGrid]]
Producing Method Other	No	Yes
Producing Method Other Detail		Gas Injection
Production Interval #1		1492
Production Interval #3		1530
TopsDatum1	-468	GL

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1338224  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

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Form must be Signed  
All blanks must be Filled

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

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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.): \_\_\_\_\_

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- Plug Back  Conv. to GSW  Conv. to Producer
- Commingled Permit #: \_\_\_\_\_
- Dual Completion Permit #: \_\_\_\_\_
- SWD Permit #: \_\_\_\_\_
- ENHR Permit #: \_\_\_\_\_
- GSW Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

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Field Name: \_\_\_\_\_

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**Drilling Fluid Management Plan**

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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**

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**SM Oil & Gas, Inc.**  
**P. O. Box 189**  
**Skiatook, Oklahoma 74070**  
620-725-3200

November 16, 2016

Kansas Corporation Commission  
Conservation Division  
266 N. Main Street – Suite #220  
Wichita, Kansas 67202-1513

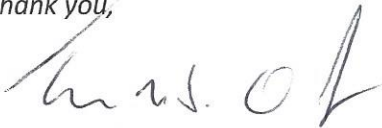
**Re: Fulsom B #15-4**  
**API #15-019-27564-00-00**  
**Cement Usage ACO-1**

To Whom It May Concern:

SM Oil & Gas, Inc. buys quantities of Portland Type I cement, which comes on pallets of 35 sacks per pallet, for the companies usage. In this case, the required 10 sacks of cement were mixed by our own drilling rig personnel and used to properly install the surface casing.

An invoice showing the bulk quantity of cement is available if needed.

Thank you,



Thomas H. Oast  
Area Manager



810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561




Cement or Acid Field Report  
 Ticket No. **3049**  
 Foreman Kevin McCoy  
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-21-16	1180	FULSOM B 15-4				CQ	Ks
Customer S. M. OIL & GAS, INC.			Safety Meeting KM DG RM AM	Unit #	Driver	Unit #	Driver
Mailing Address P.O. Box 189				105	DAVE G.		
City SKIATOOK				112	Russ M.		
State OK				113	ALAN M.		
Zip Code 74070							

Job Type Longstring Hole Depth 1580' Slurry Vol. 36 BBL LEAD Tubing \_\_\_\_\_  
 Casing Depth 1575' Hole Size 6 3/4" Slurry Wt. 12.8 - 14 # Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2 11.60 # Cement Left in Casing 0' Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 25 BBL Displacement PSI 800 Bump Plug to 1300 PSI BPM \_\_\_\_\_

Remarks: SAFETY Meeting: Rig up to 4 1/2 casing w/ wash head. BREAK CIRCULATION w/ 35 BBL Fresh water, wash down 20' 4 1/2. Pump 500 # Gel Flush w/ Hulls, Pump 5 BBL water space. Shut down. Rig up Cement Head. Mixed 135 SKS 50/50 Pozmix Cement w/ 6% Gel, 1# PhenoSeal /SK @ 12.8 #/gal Yield 1.50 = 36 BBL Slurry. Tail in w/ 75 SKS OWC Cement w/ 1# PhenoSeal /SK @ 14 #/gal, Yield 1.50 = 20 BBL Slurry. Wash out Pump & Lines. Shut down. Release Plug, Displace Plug to Seat w/ 25 BBL Fresh water. Final Pumping Pressure 800 PSI. Bump Plug to 1300 PSI. Wait 2 mins. Release Pressure. Float Held. Shut in @ 0 PSI. Good Cement Returns to Surface = 14 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 204	135 SKS	50/50 Pozmix Cement	11.25	1518.75
C 206	680 #	Gel 6%	.20 #	136.00
C 208	135 #	PhenoSeal 1#PSK	1.25 #	168.75
C 202	75 SKS	OWC Cement	19.15	1436.25
C 208	75 #	PhenoSeal 1#/SK	1.25 #	93.75
C 206	500 #	Gel Flush	.20 #	100.00
C 214	40 #	Hulls	.45 #	18.00
C 108 A	9.57 Tons	Ton Mileage BULK TRUCKS x 2	M/C	690.00
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
C 113	3 HRS	100 BBL VAC TRUCK	85.00	255.00
C 224	3300 GALS	City water	10.00/1000	33.00
			Sub Total	5663.00
			Less 5%	298.24
			8.5% Sales Tax	301.71
Authorization 			Title	Total
				5666.47

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.