



KANSAS CORPORATION COMMISSION 1279071
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016
Form must be Typed
Form must be Signed
All blanks must be Filled

Confidentiality Requested:
 Yes No

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: _____

1279071

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. 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: CRAIG 13-5

API/Permit #: 15-045-22270-00-00

Doc ID: 1279071

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/20/2015	01/20/2016
Date of First or Resumed Production or SWD or Enhr	10/13/2015	
Method Of Completion - Other	No	Yes
Method Of Completion - Other Detail		T/A 01/04/2016
Producing Method Pumping	Yes	No
Production - Barrels Oil	2	
Production - Barrels of Water	2	
Production - MCF Gas	0	
Save Link	../../kcc/detail/operatorEditDetail.cfm?docID=1268171	../../kcc/detail/operatorEditDetail.cfm?docID=1279071
Temporarily Abandoned	No	Yes



Confidentiality Requested:

Yes No

CONFIDENTIAL 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: _____

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Designate Type of Completion:

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- 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
- 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

_____ 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: _____

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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 #: _____

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KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
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- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1267575
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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Form must be Signed

All blanks must be Filled

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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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Form	ACO1 - Well Completion
Operator	Grand Mesa Operating Company
Well Name	CRAIG 13-5
Doc ID	1267575

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	690-700		



Operator:
Grand Mesa Operating Co.
Wichita, KS

Craig #13-5

Douglas Co., KS
23-14S-20E
API: 045-22270

Spud Date:	7/2/2015	Surface Bit:	11.0"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	40.0'	Longstring:	759.40'
Surface Cement:	8 sx	Baffle:	749.40'
Longstring:	2 7/8 EUE - new	Longstring Date:	7/14/2015

Driller's Log

Top	Bottom	Formation	Comments
0	8	Soil & clay	
8	13	Shale	
13	16	Gravel & sand	
16	58	Shale	
58	84	Lime	
84	91	Shale	
91	97	Lime	
97	105	Shale	
105	130	Lime	
130	153	Shale	
153	170	Lime	
170	178	Sandy shale	
178	240	Shale	
240	264	Lime	
264	275	Shale	
275	289	Lime	
289	321	Shale	
321	336	Lime	
336	344	Shale	
344	400	Lime	
400	405	Shale	
405	418	Lime	
418	559	Shale	Big Shale
559	563	Lime	

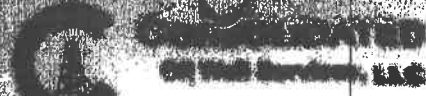
Craig #13-5
Douglas Co., KS

563	568	Shale	
568	580	Lime	
580	587	Shale	
587	593	Lime	
593	609	Shale	
609	613	Lime	
613	632	Shale	
632	642	Lime	
642	650	Shale	
650	653	Lime	
653	682	Shale	
682	700	Sand	See below
700	770	Shale	
770		TD	

Coring		
Run	Footage	Rec.
1	682-702	15'
2		
3		

Sand Detail

682-684	Sandy shale
684-687	Sandy shale w/spotty oil bleed
687-691	Sand & sandy shale, no oil show
691-697	Sand, laminated, light bleed, slow to bleed back, very shaly



TICKET NUMBER 49725
 LOCATION Obama, KS
 FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

PO Box 884, Charute, KS 66720
 620-491-9210 or 800-467-8676

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/14/15	3372	Craig #13-5	SW23	14	20	DG

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Casey Ken	✓ 364	Meeting
467	Ken Car	✓	
503	Art McD	✓	
369	Art McD	✓	

CITY Wichita STATE KS ZIP CODE 67206
 JOB TYPE Longstring HOLE SIZE 5 7/8" HOLE DEPTH 770' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 760' DRILL PIPE TUBING baffle - 750' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 4.34 bbl/s DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bbl/hr

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 122 sks 50/50 Pozblend cement w/ 2% gel, 5# salt, + 5# Kalsol per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.34 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY OF UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE		
CE0002	25 mi	MILEAGE		
CE0411	non	non mileage		
WF0853	2 hrs	2 hr		
CC5840	122 sks	50/50 Pozblend		
CC5965	405 #	Gel		
CC5326	256 #	Salt		
CC6077	610 #	Kalsol		
PD8176	1	2 1/2" rubber plug		
			SALES TAX	
			ESTIMATED	
			TOTAL	

Revin 9797

AUTHORIZATION NoCo Rep. TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's