Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1244805

Form ACO-1
August 2013
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			
Address 2:		Feet from North / South Line of Section			
City: State: 2	Zip:+	Feet from _ East / _ West Line of Section			
Contact Person:		Footages Calculated from Nearest Outside Section Corner:			
Phone: ()		□NE □NW □SE □SW			
CONTRACTOR: License #		GPS Location: Lat:, Long:			
Name:		(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)			
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84			
Purchaser:		County:			
Designate Type of Completion:		Lease Name: Well #:			
New Well Re-Entry	Workover	Field Name:			
		Producing Formation:			
Oil WSW SWD	SIOW	Elevation: Ground: Kelly Bushing:			
☐ Gas ☐ D&A ☐ ENHR☐ OG ☐ GSW	☐ SIGW	Total Vertical Depth: Plug Back Total Depth:			
☐ OG ☐ GSW ☐ CM (Coal Bed Methane)	Temp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No			
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet			
Operator:		If Alternate II completion, cement circulated from:			
Well Name:		feet depth to:w/sx cmt.			
Original Comp. Date: Original					
Deepening Re-perf. Conv. to I	<u>.</u>	Drilling Fluid Management Plan			
	GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	_	Chloride content:ppm Fluid volume:bbls			
		Dewatering method used:			
		Downtoning motion dood.			
		Location of fluid disposal if hauled offsite:			
		Operator Name:			
GSW Permit #:		Lease Name: License #:			
Canad Data as Data Data LTD	Completion Data and	Quarter Sec Twp S. R			
Spud Date or Date Reached TD Recompletion Date	Completion Date or Recompletion Date	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:				

Operator Name: \_ Lease Name: \_\_ Well #: \_ 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). No **Drill Stem Tests Taken** Yes Loa Formation (Top), Depth and Datum Sample (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes No J Yes Cores Taken No Electric Log Run \_\_\_ Yes List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom Perforate **Protect Casing** Plug Back TD Plug Off Zone Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) Yes Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? No (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Flowing Pumping Other (Explain) **Estimated Production** Bbls. Oil Bbls Gas Mcf Water Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: **DISPOSITION OF GAS:** PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

Form	ACO1 - Well Completion
Operator	Kansas City Oil, LLC
Well Name	KU 18
Doc ID	1244805

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	420	Portland	65	50/50 POZ

## **Summary of Changes**

Lease Name and Number: KU 18 API/Permit #: 15-121-30453-00-00

Doc ID: 1244805

Correction Number: 2

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	10/02/2014	03/04/2015
LocationInfoLink  Number of Feet East or	https://kolar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=23&t 4659	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=23&t660
West From Section Line		
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12 25754	//kcc/detail/operatorE ditDetail.cfm?docID=12 44805

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 August 2013 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 #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
New Well Re-Entry	Workover	Field Name:
		Producing Formation:
Oil WSW SWD	SIOW	Elevation: Ground: Kelly Bushing:
☐ Gas ☐ D&A ☐ ENHR ☐ GSW	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	iemp. Abd.	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original Total		
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHI	R Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW	Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content:ppm Fluid volume: bbls
_		Dewatering method used:
		Location of fluid disposal if hauled offsite:
GSW Permit #:		Operator Name:
		Lease Name: License #:
Spud Date or Date Reached TD C	Completion Date or	Quarter Sec. Twp. S. R. East West
•	Recompletion Date	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 III Approved by: Date:					



Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1220619

Form ACO-1
August 2013
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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
Oil WSW SWD SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	·
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date	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.

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Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					

KOLAR Document ID: 1220619

#### Page Two

Operator Name:					Lease Nam	ne:			Well #:	
Sec Tw	pS. F	R [	East	West	County:					
open and closed and flow rates if	, flowing and sh gas to surface t ty Log, Final Lo	nut-in pressurest, along wit	es, whe h final c ain Geo	ther shut-in pre hart(s). Attach physical Data a	essure reached extra sheet if r and Final Electr	station more : ric Loc	level, hydrosta space is needed	tic pressures, d.	bottom hole tempe	val tested, time tool erature, fluid recovery,  Digital electronic log
Drill Stem Tests (Attach Addit			Ye	es No		Lo	og Formatio	n (Top), Deptl	n and Datum	Sample
Samples Sent to	Geological Sur	vey	Ye	es 🗌 No		Name	)		Тор	Datum
Cores Taken Electric Log Run Geologist Repor List All E. Logs F	t / Mud Logs		Y€  Y€	es No						
			Repo		RECORD [	Nev	w Used rmediate, producti	on. etc.		
Purpose of St		ze Hole Orilled	Siz	e Casing (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
				ADDITIONAL	OF MENTING /					
Purpose:	[	Depth	Typo	of Cement	# Sacks Use		EEZE RECORD	Typo a	ad Paraant Additivas	
Perforate Protect Ca Plug Back	Top	Bottom	туре	or cement	# Sacks Use	ed Type and Percent Additives				
Plug Off Z										
Did you perform     Does the volum     Was the hydraul	e of the total base	fluid of the hyd	draulic fra	cturing treatmen		•	Yes ns? Yes	No (If No	, skip questions 2 an , skip question 3) , fill out Page Three o	,
Date of first Produ	ction/Injection or	Resumed Produ	uction/	Producing Meth			Coolift 0	thor (Fundain)		
Estimated Produc	otion	Oil Bb	le.	Flowing Gas	Pumping  Mcf	Wate		ther <i>(Explain)</i> bls.	Gas-Oil Ratio	Gravity
Per 24 Hours		Oli Bb	15.	Gas	IVICI	vvale	ı Di	JIS.	Gas-Oil Hallo	Gravity
DISPO	OSITION OF GAS	S:		N	METHOD OF CO	MPLE.	TION:		PRODUCTIO	N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole		Dually		nmingled	Тор	Bottom
(If vente	ed, Submit ACO-18	.)			(5	SUDITIIL I	ACO-5) (Subi	mit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	on	Bridge Plug Type	Bridge Plug Set At		Acid,		Cementing Squeeze Kind of Material Used)	Record
TUBING RECOR	D: Size:		Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Kansas City Oil, LLC
Well Name	KU 18
Doc ID	1220619

## Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	347-357	2" DML RTG	10

Form	ACO1 - Well Completion
Operator	Kansas City Oil, LLC
Well Name	KU 18
Doc ID	1220619

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9	7	10	20	Portland	6	50/50 POZ
Completio n	5.6250	2.8750	8	420	Portland	65	50/50 POZ

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			v-good	958	888	pues lio	ε
			boog-v	823	920	pues llo	٤
			Boog	320	748	pues lio	ε
			v-good	748	344	bnes lio	٤
			good	344	341	bnes lio	3
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		V. 1211 - C. 1241. 50	Cement Date		32834	Contractor License #	
		\$107/9/8	Spud Date		JTC Oll, Inc.	Contractor	
				7ST	Parkville, MO 64	City	
		18	Well#		9525 Lime Stone	Address	
		KN	гевге ивте		Kansas City Oil, Li	Operator	
0	0-00-69	12-171-304	# I9A		69058	Operator License #	
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HUBE CASE SERVICES WG

Cement Service ticket

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MoT 1	23	Displacement: 2-3	restublistics: 9/18	
392	20		DA CASSAS DOP	ob Type