

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1183153

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 # \_\_\_\_\_

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 ☐ 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

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: \_\_\_\_\_

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

☐ Geologist Report Received

☐ UIC Distribution

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

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

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
List All E. Logs Run:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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				

Did you perform a hydraulic fracturing treatment on this well? ☐ Yes ☐ No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? ☐ Yes ☐ No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage 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: <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil                      Bbls.	Gas                      Mcf	Water                      Bbls.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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PO Box 484, Chanula, KS 66720  
620-431-8210 or 800-437-8328

TICKET NUMBER 44758

LOCATION  $\odot$  7.5 miles NE

FOREMAN Fred M. Jones

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CONTAINER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
10-18-13	7752	Naudal C10 #	D-12	S-24	26	18	RA																			
CUSTOMER			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>762</td> <td>Freeman</td> <td></td> <td></td> </tr> <tr> <td>495</td> <td>Harlow</td> <td></td> <td></td> </tr> <tr> <td>425</td> <td>Kelley</td> <td></td> <td></td> </tr> <tr> <td>510</td> <td>Gettys</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	762	Freeman			495	Harlow			425	Kelley			510	Gettys		
TRUCK #	DRIVER	TRUCK #	DRIVER																							
762	Freeman																									
495	Harlow																									
425	Kelley																									
510	Gettys																									
MAILING ADDRESS																										
5614 Cedarhurst Dr																										
CITY	STATE	ZIP CODE																								
Naughton	TX	77055																								

JOB TYPE Long string HOLE SIZE 6 7/8 HOLE DEPTH 8 1/2 CASINO SIZE & WEIGHT 2 1/2 x 4 1/2

CASING DEPTH 54.3 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SURRY WEIGHT \_\_\_\_\_ SURRY VOL \_\_\_\_\_ WATER gal/s \_\_\_\_\_ CEMENT LBS - CANS \_\_\_\_\_ 3 1/2" 10

DISPLACEMENT 5.03 DEPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5800

REMARKS: Hold Safety meeting. Establish some rules. Mr. & Mrs. and 1 child.

Q12 + P1212 8% Salt Brine 2% (A) 100% Salt Brine

Sus fecr. Flank wound & livers cleaned. Dissection = 8" with a lot of

Costing TO: Revenue to Rep<sup>ts</sup> 85%. Balance to owner.

File no. Value. Share in cash.

9.11.2019 20:16 20.11.2019

Protonic Equilibrium of 2<sup>nd</sup> Butanol

\_\_\_\_\_

576-2411000 1.000

\_\_\_\_\_

[illegible]

AUTHORIZED SIGNATURE [Signature] TITLE                      DATE                       
 I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.

Operator License #	34897	API #	15-001-30773-00-00		
Operator	SCZ Resources	Lease Name	Kendall Dice		
Address	8614 Cedarspur Drive	Well #	D-12		
City	Houston, TX 77055				
Contractor	JTC Oil, Inc.	Spud Date	10/15/13		
Contractor License #	32834	Cement Date			
T.D.	880	Location	Sec 22	T 26	R 18
T.D. of pipe	862		165 feet from	S	line
Surface pipe size	7"		2145 feet from	W	line
Surface pipe depth	20'	County	Allen		
Well Type	Production				

Driller's Log

Thickness	Strata	From	To	
7	Clay Dirt	0	7	
11	Stone Mix	7	18	
18	Lime	18	36	
22	Shale	36	58	
13	Lime	58	71	
56	Shale	71	127	
65	Lime	127	192	
6	Black Shale	192	198	
22	Lime	198	220	
5	Shale	220	225	
25	Lime	225	250	
4	Shale	250	254	
21	Lime	254	275	
139	Shale	275	414	
6	Lime	414	420	
9	Mix	420	429	
6	Shale	429	435	
11	Lime	435	446	
8	Shale	446	454	
1	Sand	454	455	OK
2	Sand	455	457	OK
1	Sand	457	458	OK
2	Sand	458	460	OK
2	End	460	462	Little
16	Sandy Shale	462	478	
67	Sand Shale Mix	478	545	
9	Lime	545	554	
5	Shale	554	559	
4	Lime	559	563	
37	Shale	563	600	
15	Lime	600	615	
9	Coal Shale Mix	615	624	
4	Lime	624	628	
78	Shale	628	706	
5	Coal	706	711	
66	Shale	711	777	
1	Sand	777	778	OK
2	Sand	778	780	OK

2	Sand	780	782	OK
2	Sand	782	784	OK
19	Sandy Shale	784	803	
2	Sand	803	805	OK
2	Sand	805	807	OK
28	Sandy Mix	807	835	
3	Sand	835	838	Good
2	OK	838	840	
40	Sandy Mix	840	880	

#VALUE!