

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1228228

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: _____



1228228

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 List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <div style="display: flex; justify-content: space-between;"> Name Top Datum </div>
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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
____ 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)*

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 <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
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 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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Elite Cementing & Acid Service, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
11/10/2014	1944

Bill To	Lease	BURKE
Cross Bar Energy, LLC	Well #	FW9
100 S Main, Suite 400	Desc.	FW9
Wichita, KS 67202		
	Acct #	
Customer ID#	1038	

Job Date	11/6/2014
Lease Information	
Burkett #FW9	
County	Greenwood
Foreman	KM

Item	Description	Qty	Terms	Net 30
			Rate	Amount
C104	Cement Pump-Liner	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	15	3.95	59.25
C203	Pozmix Cement 60/40	75	12.75	956.25T
C206	Gel Bentonite	260	0.20	52.00T
C205	Calcium Chloride	65	0.60	39.00T
C212	CDI-26	16	8.00	128.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C113	80 Bbl Vac Truck	2.5	85.00	212.50
C224	City Water	3,300	0.01	33.00T
C403	4 1/2" Top Rubber Plug	1	45.00	45.00T
C683	4 1/2" OD Flush Joint Float Shoe	1	254.00	254.00T

We appreciate your business!

Phone #	Fax #
620-583-5561	620-583-5524
E-mail	
rene@elitecementing.com	

Subtotal	\$3,174.00
Sales Tax (7.15%)	\$107.77
Total	\$3,281.77
Payments/Credits	\$0.00
Balance Due	\$3,281.77

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



Cement or Acid Field Report

Ticket No. **1944**

Foreman Kevin McCoy

Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
11-6-14	1038	BURKETT # FW 9	26	23S	10E	GW	KS
Customer <u>CROSSBAR ENERGY LLC</u>			Unit #		Driver		Unit #
Mailing Address <u>100 S. MAIN ST 400</u>			104		ALAN M.		
City <u>WICHITA</u>			114		SCOTT W.		
State <u>KS</u>			144		RUDY M.		
Zip Code <u>67202</u>							

Job Type 4 1/2 LINER Hole Depth 2176.9' Slurry Vol. 20 BBL Tubing _____
Casing Depth 2173.90' Hole Size 7 7/8 Slurry Wt. 13.5 # Drill Pipe _____
Casing Size & Wt. 5 1/2 @ 2176.9' Cement Left in Casing 0' Water Gal/SK _____ Other _____
Displacement 35.5 BBL Displacement PSI 900 Bump Plug to 1300 PSI BPM _____

Remarks: SAFETY Meeting: TD 2176.9'. 4 1/2 LINER Set @ 2173.90' INSIDE 5 1/2 CASING. Rig up to 4 1/2 LINER. Load 4 1/2 w/ FRESH WATER. BREAK CIRCULATION. Pump 15 BBL Dye WATER. (Good Fluid Returns to SURFACE ON ANNULUS OF 4 1/2 LINER). MIXED 75 SKS 60/40 Pozmix Cement w/ 4% GEL, 1% CACL2, 1/4% CDI-26 @ 13.5 #/gal = 20 BBL SLURRY. Shut down. WASH out Pump & LINES. Release Plug. Displace Plug to SEAT w/ 35.5 BBL FRESH WATER. FINAL Pumping Pressure 900 PSI. Bump Plug to 1300 PSI. WAIT 2 MINS. Release Pressure. Float Held. Shut in @ 0 PSI. (HAD Good Fluid Returns to SURFACE UNTIL LAST 10 BBL OF Displacement, then HAD Poor Fluid Returns to SURFACE). Got most of our Dye WATER BACK Before Plug Landed. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 104	1	Pump Charge	1050.00	1050.00
C 107	15	Mileage	3.95	59.25
C 203	75 SKS	60/40 Pozmix Cement	12.75	956.25
C 206	260 #	GEL 6%	.20 #	52.00
C 205	65 #	CACL2 1%	.60 #	39.00
C 212	16 #	CDI-26 1/4% (Friction Reducer)	8.00 #	128.00
C 108A	3.22 Tons	Ton Mileage	M/C	345.00
C 113	2.5 Hrs	80 BBL VAC TRUCK	85.00	212.50
C 224	3300 gals	City Water	10.00/1000	33.00
C 403	1	4 1/2 Top Rubber Plug	45.00	45.00
C 683	1	4 1/2 Flush Joint Float Shoe	254.00	254.00
THANK You			Sub Total	3174.00
7.15%			Sales Tax	107.77
Authorization <u>Witnessed By Stewart Woodie</u> Title <u>Co. Rep.</u>			Total	3281.77

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.