



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1263579  
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 # \_\_\_\_\_

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: \_\_\_\_\_



1263579

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 <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:				

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				

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:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	<b>PRODUCTION INTERVAL:</b> _____ _____
--	---	---

# GLOBAL CEMENTING, L.L.C.

1664

REMIT TO 18048 170RD  
RUSSELL, KS 67665

SERVICE POINT:  
Russell, KS

DATE <u>4-30-15</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>2:15</u>	JOB START <u>3 Pm</u>	JOB FINISH <u>3:30 Pm</u>
LEASE <u>Wood</u>	WELL# <u>B1</u>	LOCATION			COUNTY <u>Logan</u>	STATE <u>Ks</u>	
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR Landmarks #6

TYPE OF JOB Surface

HOLE SIZE <u>12 1/4</u>	T.D. <u>268</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>268</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT

CEMENT LEFT IN CSG. 20 ft

PERFS

DISPLACEMENT 15.8 bbl

EQUIPMENT

OWNER

CEMENT AMOUNT ORDERED 225 SK Common

3% Gel 2% Calc

PUMP TRUCK # <u>P2</u>	CEMENTER <u>Brandon</u>
BULK TRUCK # <u>B1</u>	DRIVER <u>Justin</u>
BULK TRUCK #	DRIVER

COMMON	@	
POZMIX	@	
GEL	@	
CHLORIDE	@	
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING	@	
MILEAGE		

REMARKS:  
MIRV Equipment. Rig Was circulating upon Arrival. Hook up to well Pump 225 SK Displace w/ 15.8 bbl fw. Rig Equipment Down Travel back to Russell.  
Cement did circulate 200 PSI shut in

TOTAL \_\_\_\_\_

CHARGE TO: Black Tea

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		
EXTRA FOOTAGE	@	
MILEAGE	@	
MANIFOLD	@	
	@	
	@	

TOTAL \_\_\_\_\_

Global Cementing, L.L.C.,  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

SIGNATURE Roberto Maldonado

SALES TAX (if Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# GLOBAL CEMENTING, L.L.C.

1678

REMIT TO 18048 170RD  
RUSSELL, KS 67665

SERVICE POINT:  
RUSSELL, KS

DATE 5-12-15	SEC. 16	TWP. 14S	RANGE 35W	CALLED OUT	ON LOCATION 12 PM	JOB START 7:30 PM	JOB FINISH 8:30 PM
LEASE Wood B	WELL # 1	LOCATION			COUNTY LOGAN	STATE KS	
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR LANDMAEK Rig # 6	
TYPE OF JOB Pipe Job	
HOLE SIZE 7 7/8	T.D.
CASING SIZE 5 1/2	DEPTH 4759'
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT # 728'
CEMENT LEFT IN CSG:	
PERFS	
DISPLACEMENT 112.5 BBL	
EQUIPMENT	
PUMP TRUCK # P1	CEMENTER BRAND/BEATH
	HELPER BRANDON
BULK TRUCK # B3	DRIVER AUSTIN
BULK TRUCK # B4	DRIVER WOODY

OWNER	
CEMENT AMOUNT ORDERED 450 SX 60/40 MULTI DENSITY	
225 SX 60/40 10% SACT 2% GFL	
SE BEL SAK GILSONSE	
COMMON	@
POZMIX	@
GEL	@
CHLORIDE	@
ASC	@
	@
	@
	@
	@
	@
	@
	@
	@
	@
HANDLING	@
MILEAGE	@
TOTAL	

REMARKS:  
RUN IN CASING TO 4759 - CIRCULATE MUD FOR 1 HR. MIX 475 SX - PUMP PLUS WITH 112.5 BBL H2O - LAND @ 1500 PSI - CEMENT DID NOT CIRCULATE

CHARGE TO: BLACK TEA  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Global Cementing, L.L.C.,  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Robert, W. Donato  
SIGNATURE \_\_\_\_\_

SERVICE	
DEPTH OF JOB	
PUMP TRUCK CHARGE	
EXTRA FOOTAGE	@
MILEAGE	@
MANIFOLD	@
	@
	@
TOTAL	

PLUG & FLOAT EQUIPMENT	
	@
	@
	@
	@
	@
TOTAL	

SALES TAX (If Any) \_\_\_\_\_  
TOTAL CHARGES \_\_\_\_\_  
DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

# GLOBAL CEMENTING, L.L.C.

1743

REMIT TO 18048 170RD  
RUSSELL, KS 67665

SERVICE POINT:

RUSSELL

DATE	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
7-31-15					9 AM	10 AM	11 AM
LEASE Woods B	WELL# 1		LOCATION	COUNTY		STATE	
OLD OR <u>NEW</u> (CIRCLE ONE)				LOGAN		KS	

CONTRACTOR K+M Rug #3

TYPE OF JOB 1"

HOLE SIZE <u>7 1/2</u>	T.D.
CASING SIZE <u>5 1/2</u>	DEPTH
TUBING SIZE <u>1"</u>	DEPTH <u>210'</u>
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS	
DISPLACEMENT	
EQUIPMENT	
PUMP TRUCK # <u>P1</u>	CEMENTER <u>BRAD</u>
	HELPER <u>BEAUDON</u>
BULK TRUCK # <u>B3</u>	DRIVER <u>Woody</u>
BULK TRUCK #	DRIVER

OWNER \_\_\_\_\_

CEMENT AMOUNT ORDERED 50 SY 10/40 P02

10% GEL

COMMON _____	@ _____
POZMIX _____	@ _____
GEL _____	@ _____
CHLORIDE _____	@ _____
ASC _____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
HANDLING _____	@ _____
MILEAGE _____	_____
TOTAL _____	

REMARKS:

Raw Tubing to 210' - mix cement - DISPLACE  
1 1/4 BBL H<sub>2</sub>O - TRIP TUBING OUT - WASH CEMENT  
OUT OF CELLAR

CHARGE TO: BLACK TEA

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Global Cementing, L.L.C.,  
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME \_\_\_\_\_

SIGNATURE [Signature]

SERVICE

DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____	@ _____
MILEAGE _____	@ _____
MANIFOLD _____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

PLUG & FLOAT EQUIPMENT

_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
_____	@ _____
TOTAL _____	

SALES TAX (if Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS



CASING MECHANICAL INTEGRITY TEST

DOCKET# 0-32,272

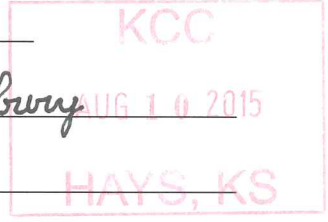
Disposal Well  Enhanced Recovery:  
Repressuring   
Flood   
Tertiary

Date injection started \_\_\_\_\_  
API #15- 109-21,400-00-00

NW-NW-SE-SE, Sec 16, T 14 S,R 35 E/W  
1260 Feet from South Section Line  
1240 Feet from East Section Line  
Lease Wood B Well # 1  
County Logan

Operator: Black Tea Oil LLC.  
Name & Address 1014 E 29th St.  
Hays Kansas 67601

Operator License# 34639  
Contact Person Michael Atterbury  
Phone 316-990-5919



Max. Auth. Injection Press \_\_\_\_\_ Psi; Max Inj. Rate \_\_\_\_\_ bbl/d;  
If Dual Completion - Injection above production \_\_\_\_\_ Injection below production \_\_\_\_\_  
Conductor Surface Production Liner Tubing  
Size \_\_\_\_\_ 8 7/8 5 1/2 \_\_\_\_\_ Size 3 1/2  
Set at \_\_\_\_\_ 268 4749 \_\_\_\_\_ Set at 4733  
Cement Top \_\_\_\_\_ 0 W/ 225sx W/ 675sx \_\_\_\_\_ Type S.T.  
" Bottom \_\_\_\_\_ 268 4749 \_\_\_\_\_  
DV/Perf. 4749 w/675sx 1" nom 1354-0 260 TD (and plug back) 4871 ft. depth  
Packer type Arrowset 1x Size 5 1/2 x 2 1/2 Set at 4733  
Zone of injection from 4749 ft. to ft. 4871 Perf. or open hole O.H.

Type MIT: Pressure:  Radioactive Tracer Survey:  Temperature Survey:

F Time: Start 0 Min 15 Min 30 Min  
I  
E Pressures: 380 380 380 Set up 1 System Pres. during test 0  
L  
D 12:40 Set up 2 Annular Pres. during test 380  
D Set up 3 Fluid loss during test — bbls.  
A  
T Tested: Casing  or Casing - Tubing Annulus  \*Pass pending approval from UIC dept.

The bottom of the tested zone in shut in with packer  
Test Date August 7, 2015 Using Heartland Company's Equipment  
The operator hereby certifies that the zone between 0 feet and 4733 feet  
was the zone tested Jesse Dinkel Signature Title

The results were Satisfactory  Marginal \_\_\_\_\_ Not Satisfactory \_\_\_\_\_  
State Agent: Harrel Dipman Title: PIRT II Witness: YES  NO

PASSED

REMARKS: \_\_\_\_\_

KCC Origin. Conservation Div.:  KCC KDHE/T:  04 Dist. Office

Computer Update **Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)**

GPS Lat 38.83511 GPS Long -101.20934 (If YES please describe in REMARKS)  
Leo 1937 FSL 2764 FEL  
KCC Form U-7