



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1273558
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
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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: _____

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: _____



1273558

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)*

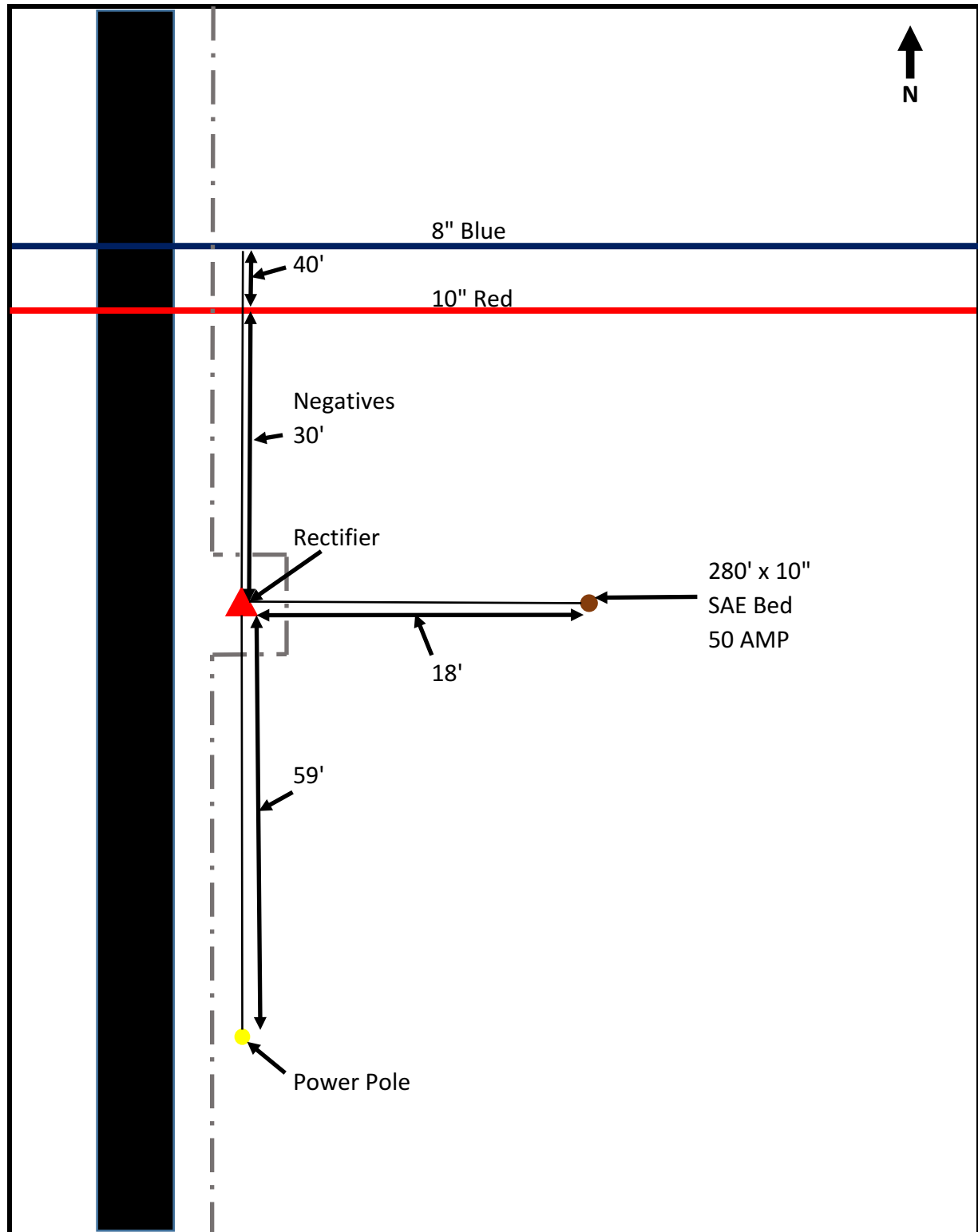
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth


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

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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	PIPELINE	East Leg	INSTALLED FOR:	Enterprise
	INTEGRITY	MP 82.92	RECTIFIER ID:	M-82
	RESOURCES	Morris County, Kansas	GPS LOC:	
	GPS LOC:		INSTALL DATE:	10/27/15
			JOB NO:	T5EP201

CATHODIC PROTECTION HOLE COMPLETION DIGRAM & DRILL LOG

		Geological Formation	Final Anode Depth	Electric Log	Before Coke	After Coke	Anode No.
Native Fill (0'-3')	0'	Clay w/ Limestone		/			
Portland Cement (3'-57')	10'	Clay w/ Limestone		/			
	20'	Clay w/ Limestone		/			
	30'	Clay w/ Limestone		0.6a			
	40'	Limestone		1.3a			
	50'	Limestone inter w/Grey		1.5a			
	60'	Limestone inter w/Grey Shales					
	70'	Limestone inter w/Grey		2.7a			
	80'	Limestone inter w/Grey		2.1a			
	90'	Limestone inter w/Grey Shales					
Conducrete (57'-280')	100'	Limestone inter w/Grey		2.3a			
	110'	Limestone inter w/Grey		1.1a			
	120'	Limestone inte:	116'	2.6a			
	130'	Limestone inte:	130'				
	140'	Limestone inte:	/	1.5a			
	150'	Limestone inte:	144'	2.4a			
	160'	Limestone inte:	158'		1.4a	2.6a	12
	170'	Limestone inte:	/	1.9a	2.5a	3.0a	11
	180'	Limestone inte:	172'	2.6a	1.9a	2.4a	10
	190'	Limestone inte:	186'	2.3a	2.4a	3.7a	9
-12 Enviro-Anodes (14') Centers	200'	Limestone inte:	200'		2.0a	3.8a	8
	210'	Limestone inte:	/	2.2a	2.6a	3.6a	7
	220'	Limestone inte:	214'	2.4a	2.5a	3.2a	6
	230'	Limestone inte:	228'		2.5a	3.7a	5
	240'	Limestone inte:	242'	2.3a	2.4a	3.0a	4
	250'	Limestone inte:	/	2.1a	2.3a	3.3a	3
	260'	Limestone inte:	256'	0.6a	2.0a	2.8a	2
	270'	Limestone	270'	1.4a	2.0a	2.7a	1
	280'	Limestone and Shale					
	10"						



M-82
McPherson County, KS

STALLED FOR: Enterprise
 RECTIFIER ID: M-82
 GPS LOCATION: _____
 INSTALL DATE: 10/28/15
 JOB NUMBER: T5EP203
 INSPECTOR: Rusty Ramage

S&B TRANSPORT, LLC

P.O. Box 654
Buffalo, OK 73834

Invoice

Date	Invoice #
10/29/2015	15-2367

Lease, Legal & County	T5-EP203 MORRIS, KS
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Bill To
PIPELINE INTEGRITY RESOURCES PO BOX 472107 TULSA, OK 74147

Terms	Due Date
	10/29/2015

Quantity	Description	Price Each	Amount
7	WORK TICKET #29544 DATE: 10/26/2015 DROVE TO LOCATION. SAT ON STANDBY.	0.00 95.00	0.00 665.00
12	WORK TICKET #29545 DATE: 10/27/2015 LOADED 60 BBLS ON LOCATION.	0.00 95.00	0.00 1,140.00
10.5	WORK TICKET #29546 DATE: 10/28/2015 LOADED 15 BBLS MUD & CEMENT ON LOCATION. HAULED 75 BBLS TO DFD. WASH OUT TRAILER.	0.00 95.00	0.00 997.50
	Out-of-state sale, exempt from sales tax	0.00%	0.00

RECEIVED
11-5-15

NOV 06 2015
BY: DB

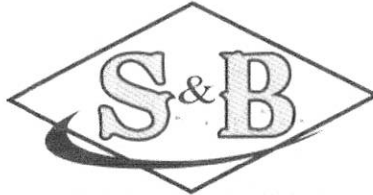
Total		\$2,802.50
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Phone #	580-735-2180	E-mail	sbtransport@pldi.net
Fax #	580-735-2185		

*** A 1.5% INTEREST CHARGE PER 30 DAYS (18% PER ANNUM) WILL BE CHARGED ON PAST DUE INVOICES***

Office Located at
624 N Hoy
Buffalo, OK 73834

Mailing Address
P.O. Box 654
Buffalo, OK 73834



TRANSPORT LLC WORK TICKET

Phone: 580-735-2180
Cell: 580-727-5464
580-727-5465

Fax: 580-735-2185
sbtransport@pldi.net

29544

CHARGED TO: ~~RIP~~ RIR DATE: 10-26-15
LEASE NAME & #: M-82 T5EP203-5 TRUCK#: 03
AFE#: _____ TRAILER#: 03
LEASE ID: _____ UNIT SIZE: TP
COUNTY/STATE: Morris KS

S/W F/B PIT/W FRESH/W 2%KCL 4% KCL OTHER _____

WORK PERFORMED: Drove to location
and am stand by

RATE/HR 95 ⁰⁰ HRS WORKED: 7 AMOUNT _____
DISPOSAL FEE: _____ BBLs @ _____ /BBL _____
TRUCKING & DISP _____ BBLs @ _____ /BBL _____
OTHER CHARGES _____

DISP/FW SITE	TICKET #	GAUGES	TOTAL \$ 665
		TG	
		BG	
		CUT	
		TIME	

COMMENTS: _____

Carlos E
DRIVER

[Signature]
RECORDED OR APPROVED BY

DRILLING CONSTRUCTION
 PRODUCTION COMPLETION

PRINT NAME _____

15-2367

Office Located at
624 N Hoy
Buffalo, OK 73834

Mailing Address
P.O. Box 654
Buffalo, OK 73834



TRANSPORT LLC WORK TICKET

Phone: 580-735-2180
Cell: 580-727-5464
580-727-5465

Fax: 580-735-2185
sbtransport@pldi.net

29545

CHARGED TO: ~~RTF~~ PIR DATE: 10-27-15

LEASE NAME & #: M-92 TSEP 203-5 TRUCK#: 003

AFE#: _____ TRAILER#: 03

LEASE ID: _____ UNIT SIZE: TP

COUNTY/STATE: Morris KS

S/W F/B PIT/W FRESH/W 2%KCL 4% KCL OTHER _____

WORK PERFORMED: loaded 60 BBls of mud
will haul to disposal on
10-28-15

RATE/HR 95⁰⁰ HRS WORKED: 12 AMOUNT _____

DISPOSAL FEE: _____ BBLS @ _____ /BBL _____

TRUCKING & DISP _____ BBLS @ _____ /BBL _____

OTHER CHARGES _____

DISP/EW SITE	TICKET #	GAUGES
<u>DFD</u>	<u>40118</u>	TG _____
		BG _____
		CUT _____
		TIME _____

TOTAL \$ 1140

COMMENTS: _____

Carlos E

DRIVER

D.R.

RECORDED OR APPROVED BY

- DRILLING
- CONSTRUCTION
- PRODUCTION
- COMPLETION

PRINT NAME

15-2367

Office Located at
624 N Hoy
Buffalo, OK 73834

Mailing Address
P.O. Box 654
Buffalo, OK 73834



**TRANSPORT LLC
WORK TICKET**

Phone: 580-735-2180
Cell: 580-727-5464
580-727-5465

Fax: 580-735-2185
sbtransport@pldi.net

29546

CHARGED TO: RRP PIR DATE: 10-28-15
LEASE NAME & #: M-82 TSEP 203-5 TRUCK#: 003
AFE#: _____ TRAILER#: 03
LEASE ID: _____ UNIT SIZE: 10
COUNTY/STATE: Marri's KS

S/W F/B PIT/W FRESH/W 2%KCL 4% KCL OTHER _____

WORK PERFORMED: Loaded 15 BBLs of
slud & cement and haul
to disposal & wash out

RATE/HR 95.00 HRS WORKED: 10.5 AMOUNT _____
DISPOSAL FEE: _____ BBLs @ _____ /BBL _____
TRUCKING & DISP _____ BBLs @ _____ /BBL _____
OTHER CHARGES _____

DISP/FW SITE	TICKET #	GAUGES
<u>D&D</u>	<u>4018</u>	TG _____
		BG _____
		CUT _____
		TIME _____

TOTAL \$ 997.50

COMMENTS: _____

54900
Carles E
DRIVER

Dad
RECORDED OR APPROVED BY

- DRILLING
- CONSTRUCTION
- PRODUCTION
- COMPLETION

PRINT NAME _____

15-2367

Office Located at
624 N Hoy
Buffalo, OK 73834

Mailing Address
P.O. Box 654
Buffalo, OK 73834



TRANSPORT LLC
DISPOSAL TICKET

Phone: 580-735-2180
Cell: 580-727-5464
or 580-727-5465

Fax: 580-735-2185
sbtransport@pldi.net

40118

DATE: 10-27-15 & 10-28 TIME: _____

BILL TO COMPANY TICKET # ~~10-27-15 & 10-28~~
29545 & 29546

HAULER S & B

TRUCK # 003

OPERATOR ~~PIP~~ PIR

LEASE/WELL ID M-82 75EP 203-5

MEMO loaded, 75 BBLs
of mud & haul to
disposal & wash out

DRIVER SIGNATURE: [Signature]

PRINT NAME: Carlos E

DIRECTIONAL FLUID DISPOSALS

OILFIELD DRILLING WASTE DISPOSALS

FACILITY

- COAL
- GRADY
- GRANT (580) 366-2171
- BLAINE (580) 366-2174
- CANADIAN

57720

MAILING ADDRESS

6801 Camille Ave. OKLAHOMA CITY, OK 73149
Office (405) 609-3962 • Fax (405) 609-3963

DATE 10-28-15

TIME 5:05 A.M./P.M.

OIL CO DIR
LEASE M-82
WELL T5 EP 203-5
RIG _____

TRUCK CO SJR
TRUCK # 3
TICKET # 40118

BILL TO: OIL COMPANY

TRUCKING COMPANY

Transport Vehicle

130 BBL TANK

DUMP TRUCK

80 BBL BOBTAIL

END DUMP

OTHER _____

SLINGER TRUCK

WATER BASED MATERIAL

OIL BASED MATERIAL

_____ 75 BBLs @ \$ 2.50 EA.

_____ CU. YDS. X (4.82) = _____ BBLs @ \$ _____ EA.

_____ TONS X (6.67) = _____ BBLs @ \$ _____ EA.

*CHLORIDES 32 100

\$ 247.50

Over 40,000 ppm: \$ _____ per wbm bbl/Over 75,000 ppm: \$2.00 Surcharge per wbm bbl

WASHOUT SERVICES:

*DFD CHARGES A \$100.00 FACILITY WASHOUT FEE + \$60 PER HALF HOUR

TIME IN: _____ TIME OUT: _____ TOTAL HOURS 1/2

*FACILITY FEE MAY BE WAIVED WITH INCOMING LOAD

WASHOUTS-ONLY MAY BE CHARGED FOR ADDITIONAL BBLs

_____ ADDITIONAL WATERBASED BBLs

_____ ADDITIONAL OILBASED BBLs

Thank you for your business!

DFD SIGNATURE

Earl

DRIVER'S SIGNATURE

White: Office Copy Yellow: Driver's Copy Pink: DFD Copy