

Confidentiality Requested:

Yes No

# Kansas Corporation Commission Oil & Gas Conservation Division

1273602

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
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.xxxxxx) (e.gxxx.xxxxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
□ Oil □ WSW □ SHOW   □ 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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No  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  Plug Back Conv. to GSW Conv. to Producer  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:	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:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:
GSW Permit #:	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.

**Submitted Electronically** 

KCC Office Use ONLY
Confidentiality Requested
Date:
Confidential Release Date:
Wireline Log Received
Geologist Report Received
UIC Distribution
ALT I II Approved by: Date:

Page Two



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). **Drill Stem Tests Taken** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
 ■
 Yes
 ■
 Yes
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 Nes
 Nes Cores Taken Electric Log Run \_\_\_ Yes No 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) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (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: Flowing Pumping Gas Lift Other (Explain) **Estimated Production** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)



Deutsch Oil Co.

8100 E 22nd St.

ATTN: Keith Reavis

35/1s/36w Rawlins KS

Bernita 'A' #1-35

Wichita, KS 67226 Job Ticket: 62846

Test Start: 2015.08.31 @ 18:10:00

DST#: 2

### **GENERAL INFORMATION:**

Formation: Lans. "D - E"

Deviated: Whipstock: Test Type: Conventional Bottom Hole (Reset) No ft (KB)

Time Tool Opened: 19:58:30 Tester: James Winder 83

Time Test Ended: 01:49:15 Unit No:

Interval: 4391.00 ft (KB) To 4485.00 ft (KB) (TVD) Reference Elevations: 3320.00 ft (KB)

Total Depth: 4485.00 ft (KB) (TVD) 3310.00 ft (CF)

7.88 inches Hole Condition: Fair KB to GR/CF: Hole Diameter: 10.00 ft

Serial #: 8791 Inside

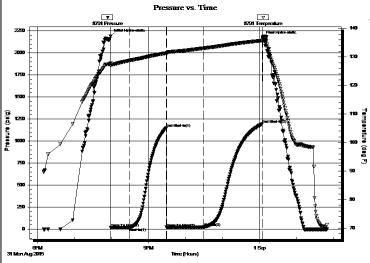
Press@RunDepth: 4392.00 ft (KB) 25.37 psig @ Capacity: 8000.00 psig

Start Date: 2015.08.31 End Date: 2015.09.01 Last Calib.: 2015.09.01 Start Time: 18:10:05 End Time: 01:49:14 Time On Btm: 2015.08.31 @ 19:58:15

2015.09.01 @ 00:05:30 Time Off Btm:

TEST COMMENT: 30 - IF: 1/4" Blow at open, built slightly then died back, dead by 16 min.

60 - ISI: No blow 60 - FF: No blow 90 - FSI: No blow



		PI	KESSUK	E SUMMARY
Ī	Time	Pressure	Temp	Annotation
	(Min.)	(psig)	(deg F)	
	0	2189.48	127.86	Initial Hydro-static
	1	15.87	126.88	Open To Flow (1)
	31	20.50	128.71	Shut-In(1)
,	91	1148.15	131.32	End Shut-In(1)
3	92	17.63	131.35	Open To Flow (2)
	152	25.37	133.06	Shut-In(2)
(1	247	1194.24	135.73	End Shut-In(2)
9	248	2166.65	136.90	Final Hydro-static

DDESCLIDE CLIMMADV

#### Recovery

Length (ft)	Description	Volume (bbl)
20.00	OCM 90%m, 8%o, 2%g	0.28
0.00	0.00	
* Recovery from mult	iple tests	

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Gas Rates

Trilobite Testing, Inc. Ref. No: 62846 Printed: 2015.09.01 @ 06:47:17



**FLUID SUMMARY** 

Deutsch Oil Co.

35/1s/36w Rawlins KS

8100 E 22nd St. Wichita, KS 67226 Bernita 'A' #1-35

Job Ticket: 62846

DST#: 2

ATTN: Keith Reavis

Test Start: 2015.08.31 @ 18:10:00

### **Mud and Cushion Information**

 $7.20 in^3$ 

Mud Type:Gel ChemCushion Type:Oil A Pl:deg A PlMud Weight:9.00 lb/galCushion Length:ftWater Salinity:ppm

Mud Weight: 9.00 lb/gal Cushion Length: ft
Viscosity: 50.00 sec/qt Cushion Volume: bbl

Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure: psig

Salinity: 1000.00 ppm Filter Cake: 2.00 inches

Water Loss:

## **Recovery Information**

### Recovery Table

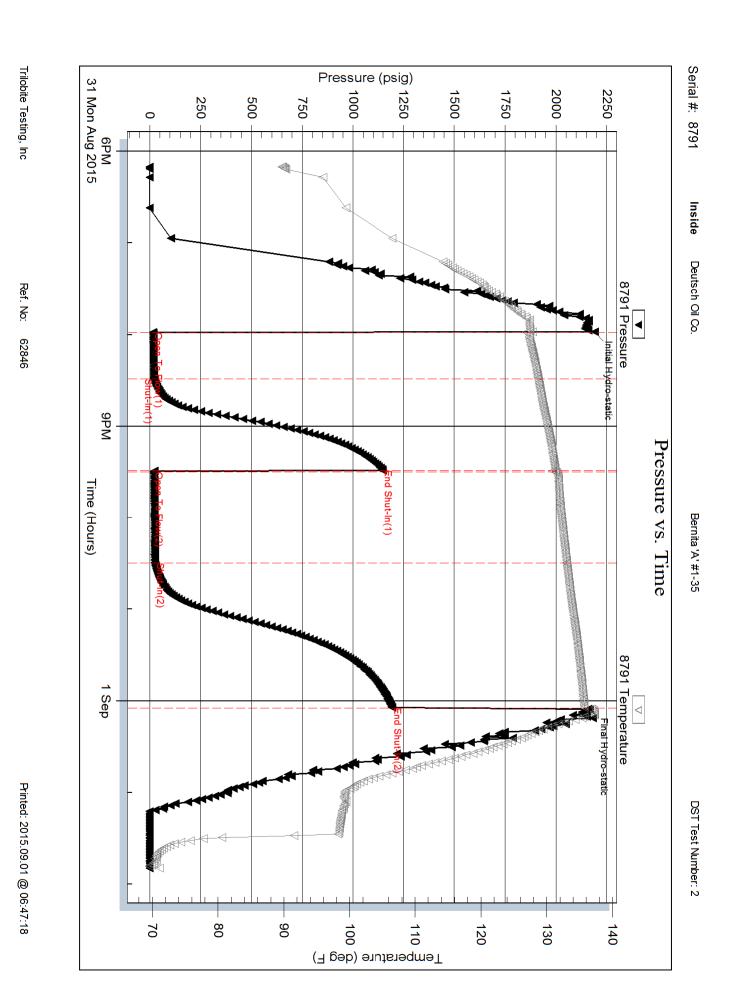
Length ft	Description	Volume bbl		
20.00	OCM 90%m, 8%o, 2%g	0.281		
0.00	a few inches of free oil on top	0.000		

Total Length: 20.00 ft Total Volume: 0.281 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location: Recovery Comments: couldn't catch enough for gravity

Trilobite Testing, Inc Ref. No: 62846 Printed: 2015.09.01 @ 06:47:18





Deutsch Oil Co.

8100 E 22nd St.

35/1s/36w Rawlins KS

Bernita 'A' #1-35

Job Ticket: 62845

DST#: 1

ATTN: Keith Reavis

Wichita, KS 67226

Test Start: 2015.08.30 @ 10:10:00

# GENERAL INFORMATION:

Formation: Lans. "B"

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 12:05:15 Time Test Ended: 18:11:30

Interval: 4280.00 ft (KB) To 4332.00 ft (KB) (TVD)

Total Depth: 4332.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Test Type: Conventional Bottom Hole (Initial)

James Winder

Unit No: 83

Tester:

2000 00 11 /1/5

Reference Elevations:

3320.00 ft (KB)

3310.00 ft (CF)

KB to GR/CF: 10.00 ft

Serial #: 8791 Inside

Press@RunDepth: 585.49 psig @ 4281.00 ft (KB) Capacity: 8000.00 psig

 Start Date:
 2015.08.30
 End Date:
 2015.08.30
 Last Calib.:
 2015.08.30

 Start Time:
 10:10:05
 End Time:
 18:11:29
 Time On Btm:
 2015.08.30 @ 12:05:00

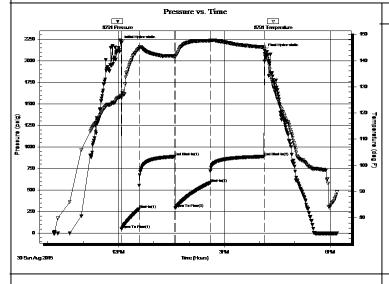
 Time Off Btm:
 2015.08.30 @ 16:08:30

TEST COMMENT: 30 - IF: Blow built to BOB (11") at 5 min.

60 - ISI: No blow back

60 - FF: Blow built to BOB at 7 min.

90 - FSI: No blow back



	<b>PRESSURE</b>	SUMMARY
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Time	Pressure	Temp	Annotation
(Min.)	(psig)	(deg F)	
0	2208.04	126.61	Initial Hydro-static
1	49.54	125.77	Open To Flow (1)
30	281.88	144.52	Shut-In(1)
91	889.30	141.41	End Shut-In(1)
92	292.27	141.27	Open To Flow (2)
151	585.49	147.61	Shut-In(2)
243	889.88	145.12	End Shut-In(2)
244	2115.35	142.48	Final Hydro-static

#### Recovery

Length (ft)	Description	Volume (bbl)
770.00	SMCW w/trace oil 94%w, 6%m	10.80
250.00	MCW w/trace oil 86%w, 14%m	3.51
185.00	WM w /trace oil 54%m, 46%w	2.60
45.00	WCM w /oil spots 70%m, 29%w, 1%o	0.63

#### Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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Trilobite Testing, Inc Ref. No: 62845 Printed: 2015.08.30 @ 22:46:43



**FLUID SUMMARY** 

Deutsch Oil Co. 35/1s/36w Rawlins KS

8100 E 22nd St. Bernita 'A' #1-35

Wichita, KS 67226 Job Ticket: 62845 **DST#:1** 

ATTN: Keith Reavis Test Start: 2015.08.30 @ 10:10:00

**Mud and Cushion Information** 

Mud Type: Gel Chem Cushion Type: Oil API: deg API

Mud Weight: 9.00 lb/gal Cushion Length: ft Water Salinity: 23500 ppm

Viscosity: 50.00 sec/qt Cushion Volume: bbl

Water Loss: 7.99 in<sup>3</sup> Gas Cushion Type:

Resistivity: ohm.m Gas Cushion Pressure: psig

Salinity: 600.00 ppm Filter Cake: 2.00 inches

# **Recovery Information**

### Recovery Table

Length ft	Description	Volume bbl
770.00	SMCW w/trace oil 94%w, 6%m	10.801
250.00	MCW w/trace oil 86%w, 14%m	3.507
185.00	WM w /trace oil 54%m, 46%w	2.595
45.00	WCM w /oil spots 70%m, 29%w, 1%o	0.631

Total Length: 1250.00 ft Total Volume: 17.534 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments: RW = .210 ohms @ 97.1 deg F
Chlorides = 23,500 ppm

Trilobite Testing, Inc Ref. No: 62845 Printed: 2015.08.30 @ 22:46:43

Temperature (deg F)

130

140

150

Trilobite Testing, Inc

Ref. No:

62845

Printed: 2015.08.30 @ 22:46:43

80

90

100



# TREATMENT REPORT

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Customer Deutsch Oil Company Lease Dinning				Lease No.						Date 9 - 7 5 - 1 5			
D	ernita	a 'A'		"	reii #	- 3					() d	. U -	1
Field Order #	Station	Prat	+, to	an50	95		Casing	Depth	JOILL.	County	1 1001 100 3 4 1	15	State Tansas
Type Job	N. W.	Surf	ace					Formation	1		Legal De	escription 3	36 W
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Well Connection	Annulus Vo	ol. From		То			(1		HHP Used			Annulus P	
Plug Depth	Packer De	pth From		То			ush 19 F	BUL Fres	Gas Yolur			Total Load	1
Customer Rep	presentative	ent D	euts	ch	Station	n Mar	nager	1inGord	ley	Treate	rence R	Mess	id
Service Units	37, 216	77,686	20,9	20	70,99	59	73,768		x = f				
Driver Names M-	ssich	5011	Ivan		A	ath	ony						
Time P.M	Casing Pressure	Tubing Pressure	Bbls	. Pum	ped		Rate				Service Log		/
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		South	wind	Dril	lingy	VAI	ling 70	S. New	23Lb/F	1. cus	ing upon	arrival	
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10244 NE Hwy. 61

# FIELD SERVICE TICKET 1718 12614 A

BASIC	P.O. Box 8613 Pratt, Kansas 67124				
ENERGY SERVICES	Phone 620-672-1201				
PRESSURE PUMPING & WIRELINE	35-15-36W				

F	PRESSURE PUM	IPING & WIRELINE	5-15.		36W		DATE	TICKET NO			ile a
DATE OF 8 2	15-15	DISTRICT Pratt.	ansas		NEW OWN	LELL P	ROD INJ	□ WDW	□ CL OF	JSTOMER RDER NO.:	
CUSTOMER D	eutsch (	DICOMPANY		120	LEASE Be	rnit	a 'A"			WELL NO.	35
ADDRESS					COUNTY R	awl	ins	STATE	ran	505	
CITY		STATE			SERVICE CRI	EWC 1	Nessich	R. Sulliva	n	1 Anthon	y
AUTHORIZED B	Υ				JOB TYPE: C	NW	1- Surf	ace_			
EQUIPMENT	# HRS	EQUIPMENT#	HRS	EQL	JIPMENT#	HRS	TRUCK CALL	ED 8-25	DATE	AM 2 TIM	) )
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73,768	1.25						FINISH OPE	RATION 8	26-	15 AM ) 1	5
							RELEASED	8-21	6-15	AMD 12	30
							MILES FROM	A STATION TO	WELL	100	
products and/or su	l is authorized to	NTRACT CONDITIONS: (This execute this contract as an a ll of and only those terms and ut the written consent of an of	gent of the custom conditions appearing	ner. A	s such, the unders the front and back	of this do	ees and acknowl cument. No addit	edges that this coi	terms	RACTOR OR AG	GENT)
ITEM/PRICE REF. NO.		MATERIAL, EQUIPMENT	AND SERVICES	s us	ED	UNIT	QUANTITY	UNIT PRIC	E	\$ AMOUN	T
CP 103	60/40	Poz	at a specific trans			sh	103-				
							per 18				
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CC 109	Calcium	nChloride	0.00			Lb	555				
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SERVICE REPRESENTATIVE

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



TICKET NUMBER	49532
LOCATION Oakley	Ks.
FOREMAN Cory	avis

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

# FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-8676		The second	CEMEN	L. Linder			16.	
DATE	CUSTOMER#	WEL	L NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
9/02	receipt here is	Bernita	'A # 1-	35	35	15	36 W	Raulins	
CUSTOMER	1 1	127	Section will be a	Beardsley			Appropriate the first	the deficiency	
	eutscho	11 Compa	NY	N. to RDY	TRUCK#	DRIVER	TRUCK#	DRIVER	
MAILING ADDRESS Wite R					731	Cody R			
				1/2 N.	193	Keith C.			
CITY		STATE	ZIP CODE	winte					
No feet 1815 of		erspital side		aleges?					
JOB TYPE	T.A.	HOLE SIZE	71/8	HOLE DEPTH	Books sky v Subs	CASING SIZE & W	EIGHT		
CASING DEPTH		DRILL PIPE	4/2	TUBING	The drawn	25 (2) DV NGW 15	OTHER		
SLURRY WEIGH	T14.2	SLURRY VOL_	1.42	WATER gal/s	k 6.2	CEMENT LEFT in	CASING		
DISPLACEMENT	DISPLACEMENT DISPLACEMENT PSI MIX PSI RATE								
REMARKS: Siftey meeting-rig upon Southwind Drilling 8-plug as orderd									
1. 50 sks									
2.100 skg	@ 246		60/40	4 to gel	"# + lose	al			
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Thank You - Cory + Crew							
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL			
CE0450		PUMP CHARGE	1200 €	1500.00			
CE 0007	50	MILEAGE	7.15	357.50			
CE 0710	10.97	Cement Dolivery Charge	1.75	959.87			
TOTAL MATERIAL PROPERTY.			MELLINE FALL	west to per-			
CC5819	255 sks.	Lite-weight Blend V (10/40 49/cel)	16,00	4,080,00			
CC 6075	1 64#	Celloflake	2.00	128.00			
CP3228		8 5/8 wooden plug	165.00	165,00			
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		and the state of t	subtotal	5,033.26			
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AUTHORIZTION	W My wow	treker 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.