KOLAR Document ID: 1278902

Confidentiality Requested:

Yes No

### Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1
January 2018
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.:					
Name:	Spot Description:					
Address 1:	SecTwpS. R					
Address 2:	Feet from North / South Line of Section					
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.xxxxx) (e.gxxx.xxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
New Well Re-Entry Workover	Field Name:					
□ Oil □ WSW □ SWD	Producing Formation:					
Gas DH EOR	Elevation: Ground: Kelly Bushing:					
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No					
If Workover/Re-entry: Old Well Info as follows:	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 EOR ☐ Conv. to SWD	Drilling Fluid Management Plan					
☐ Plug Back ☐ Liner ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)					
Committed at Provider	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #:  Dual Completion Permit #:	Dewatering method used:					
SWD Permit #:	Location of fluid disposal if hauled offsite:					
EOR Permit #:	Location of fluid disposal if fladied offsite.					
GSW Permit #:	Operator Name:					
<u> </u>	Lease Name: License #:					
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West					
Recompletion Date Recompletion Date	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 ☐ Drill Stem Tests Received								
Geologist Report / Mud Logs Received								
UIC Distribution								
ALT I II Approved by: Date:								

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#### Page Two

Operator Name:	erator Name: Lease Name					ne: Well #:					
Sec Twp.	S. R.	Ea	st West	County:							
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,			
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log			
Drill Stem Tests Ta			Yes No		Log Formation (Top), Depth and Datum			☐ Sample			
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор				
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No								
		Re			New Used	ion, etc.					
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives			
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l					
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	d Type and Percent Additives						
Protect Casi											
Plug Off Zon											
<ol> <li>Did you perform a</li> <li>Does the volume o</li> <li>Was the hydraulic</li> </ol>	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,			
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>					
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity			
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:			
	_	on Lease	Open Hole			mmingled mit ACO-4)	Top Bottom				
,	Submit ACO-18.)										
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record			
TUBING RECORD:	Size:	Set /	At:	Packer At:							
. 5513   1200  10.	5120.		···	. 30.0.71							

Form	ACO1 - Well Completion
Operator	Diamond Star Oil, Inc.
Well Name	Shofner D10
Doc ID	1278902

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	0	21	50/50 POZ	5	N/A
Production	5.625	2.875	0	695	60/40 POZ		See Service Co. Ticket



250 N. Wa	iter, Ste 200	- Wichita, Ks	57202	HURRICAN	IE SERVI	CES INC	104 PT	airie Plaza Pai	rkway - Gar	nett, K	8 66032	
Customer	ss: 219 Brookside Dr. Paola, Ks 66071				stomer Name:	John Paulsen			Ticket No.: 50475			
Address					AFE No.:		Join Paulsen		Date: 10/9/2015			
City, State, Zip:					Job type	cement longs	well)					
Service District:						Well Details: 5 5/8 hole @ 699 2 7/8 casing @ 694						
A SAME AND A SECOND		D 40										
Well name & No.			-	1= :	Well Location:	County: Miami			States	State: KS		
Equipment #	Driver	Equipment #	Driver	Equipment #	Hours	TRUCK CALL			AM PM			
146-156	Joe	<del> </del>			-	ARRIVED AT	START OPERATION					
242	Troy				-	FINISH OPERATION						
	,					RELEASED						
					MILES FROM STATION TO WELL							
					eatment Su							
Rig up to 2 7/8" start down with Plug hits @1500	cement. Mix	ked 95 sx of 60.	/40 w/ 2%	gel @14.4 PPG	then shut on. Washed u	down. Wash pu	imp out then	down with plu	el. Bring ge g. Got 4 Bb	I to suf	ace then ment return.	
Product/Service Code	Description	222			Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount		Net Amount	
c00101		uip. One Way			mi	15.00	\$3.25	\$48.75	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		\$36.56	
c00102		p. One Way			mi	15.00	\$1.50	\$22.50	25.00%		\$16.88	
c23003	Cement P	ump			ea	1.00	\$675.00	\$675.00	25.00%		\$506.25	
	_	754 111										
c15000	Transports	s 150 bbl			ea	2.50	\$105.00	\$262.50	25.00%		\$196.88	
p01603	60/40 Poz	mix Cement			sack	05.00	\$12.00	61 140 00	25.000/		*0FF 00	
p01607	60/40 Pozmix Cement  Bentonite Gel				lb	95.00	\$0.30	\$1,140.00	25.00%		\$855.00 \$45.00	
p01607	Bentonite Gel				lb	163.00	\$0.30	\$48.90	25.00%		\$36.68	
											,,,,,,,	
p02000	H2O				gal	3,000.00	\$0.01	\$39.00	25.00%		\$29.25	
	D the Di	0.7/0										
p01631 c24101	Rubber Pl	ug 2 7/8 ulk Truck - Mini	mum		ea	1.00	\$30.00	\$30.00	25.00%		\$22.50	
C24101	Cement b	UIK TTUCK - WITH	mum		l ea	1.00	\$300.00	\$300.00	50.00%		\$150.00	
					i							
	1					1						
TERMS. Cash is advan	non contana blood	S										
TERMS: Cash in advar terms of sale for appro-	ved accounts are	e total invoice due on	or before the 30	oth day from the date			Gross:		Net:	\$	1,894.99	
of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to				Taxable	Tax Rate:	7.650%	_	><				
a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoke price. Upon					Frac and Acid service treatments designed with intent to increase production on newly drilled or existing						•	
					wells are not taxable. Total: \$ 1,894.							
revocation, the full invo subject to collection.	oice price withou	t discount will become	e immediately d	ue and owing and	Date of Service: 10/9/2015							
				HSI Representative: Tom Goodner / Brad Butler								
x				Customer Representative:								
CUSTOMER AUTHORIZED AGENT  Customer Comments or Concerns:												
	Cus	tomer com	nerits of	Concerns:								