

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 # \_\_\_\_\_

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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 Geologist Report / Mud Logs <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  Name Top Datum
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton [SWD] 9
Doc ID	1283602

All Electric Logs Run

COMPOSITE
MICRO
DIL
CDL/CNL

Form	ACO1 - Well Completion
Operator	Fastrak Energy, LLC
Well Name	Compton [SWD] 9
Doc ID	1283602

Tops

Name	Top	Datum
Ft Scott Lm.	225	+725
Excello Shale	276	+634
Bluejacket Sh.	524	+386
Bartlesville	566	+314
Riverton Coal	774	+166
Mississippi	795	+115
Arbuckle Dol.	1136	-226
RTD	1250	-340
LTD	1251	-341







**CONSOLIDATED**  
Oil Well Services, LLC

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

5103  
5011  
Invoice # 806800

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

TICKET NUMBER 49885  
LOCATION Ottawa, KS  
FOREMAN Cary Kennedy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/5/16	2985	Compton SWD #9	SW 28	33	19	LB
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Fasttrak Energy			729	Caskan	✓ Safety Meeting	
MAILING ADDRESS			467	Kei Car	✓	
543A 22000 Rd			804	Ar Med	✓	
CITY	STATE	ZIP CODE	505-1100	Mikhael	✓	
Cherryvale	KS	67335				

JOB TYPE Logging HOLE SIZE 7 7/8" HOLE DEPTH 1252' CASING SIZE & WEIGHT 5 1/2" 17 #  
 CASING DEPTH 1250' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 29.06 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 500 # Gel w/ 45 # Cottonseed Hulls followed by 4 bbls city water, mixed & pumped 50 # Calcium Chloride + 50 # Sodium Metasilicate followed by 3 bbls water, mixed & pumped 160 sks Thixoblend II cement w/ 5 # Kalseal + 1 # Phenoseal per sk. Plugged pump down, pumped 5 1/2" rubber plug to casing TD w/ 2900 bbls city water, cement to surface, pressured to 1000 PSI, well held pressure, released pressure, shut in casing.

*Handwritten signature/initials*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	160 mi	MILEAGE	429.00	
CE0711	10 hrs	Van mileage	660.00	
WS2402	10 hrs	Transport	1200.00	
		trucks	3789.00	
CC5861	160 sks	Thixoblend II	4320.00	
CC5965	500 #	Gel	150.00	
CC6079	800 #	Kalseal	400.00	
CC6079	160 #	Phenoseal	216.00	
CC5325	50 #	Calcium Chloride	50.00	
CC5970	50 #	Sodium Metasilicate	127.50	
CC6159	5880 gal	City Water	101.72	
CP8179	1	5 1/2" rubber plug	125.00	
		materials	5490.22	
		7.75%	SALES TAX	255.30
			ESTIMATED TOTAL	9701.71
			DATE	(9701.71)

Revin 5737

AUTHORIZATION TITLE Vice Pres 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.





**CONSOLIDATED**  
ON WELL SERVICES, LLC

Invoice # **806824**

5132  
5037

TICKET NUMBER 49961

LOCATION Ottawa KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-16	2985	Compton # SWD 9	SW 28	33	19	LB
CUSTOMER Fast Track Energy			TRUCK #			
MAILING ADDRESS 543A 22000 Rd			DRIVER			
CITY Cherryvale			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 67535			TRUCK #			
			DRIVER			

JOB TYPE Drill up HOLE SIZE 7 7/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 1" TUBING to 150' OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/ek \_\_\_\_\_ CEMENT LEFT in CASING 2/4  
 DISPLACEMENT N/A DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 1 BPA

REMARKS: Hold Safety meet. w/ Rig run 1" tubing out of 5 1/2" casing.  
Wash 1" to 150' Flush w/ 50# Gel. Fill w/ Cement  
to surface. Rig pull 1" tubing. Top off well w/ Cement.  
Wash out 1" tubing.

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	60 mi	MILEAGE	495	422.50
CE0711	Minimum	Tax Miles Delivery	804	660.00
WE0853	6 hrs	50 BBL Van Truck	369	600.00
		Sub Total		3182.50
472 CE5800A	40 sks	Class A Cement	1490 gals	800.00
CE5965	67#	Bentonite Gel	20.10	1366.70
		Sub Total		820.10
		7.75%	SALES TAX	38.63
			ESTIMATED TOTAL	4072.66

Revin 8737

AUTHORIZATION [Signature] 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.





**PETERRA**  
ENERGY SERVICES  
CONSULTING FROM PROSPECT TO PIPELINE

Scale 1:240 (5"=100') Imperial  
Measured Depth Log

Well Name: **Compton [SWD] #9**  
 API: **15-099-24702**  
 Location: **Labette County, KS**  
 License Number: **KCC Licence#: 34905**  
 Spud Date: **12/22/2015**  
 Surface Coordinates: **165° FSL & 3516' FWL**  
 Bottom Hole Coordinates: **Same as Surface Coordinates**  
 Ground Elevation (ft): **905' est** K.B. Elevation (ft): **910' est**  
 Logged Interval (ft): **Surface To 1251'** Total Depth (ft): **1251'**  
 Formation: **Arbuckle @ Total Depth**  
 Type of Drilling Fluid: **Fresh & Water produced on lease**  
 Region: **Mound Valley South**  
 Drilling Completed: **1/06/2016**  
 Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

**OPERATOR**

Company: **Fastrak Energy, LLC**  
 Address: **543 A 22000 RD**  
**Cherryvale, KS**

**GEOLOGIST**

Name: **Eli J. Felts, Consulting Petroleum Geologist**  
 Company: **PETERRA Energy Services**  
 Address: **110 South Main, Suite #510**  
**Wichita, KS 67202**  
 Phone: **(316) 269-2015**

**Drilling Report**

**ROCK TYPES**

Anhy	Coal	Lmst	Shcol
Bent	Congl	Mlmet	Shgy
Brc	Dol	Mlstr	Slst
Cht	Gyp	Salt	Ss
Clyst	Igne	Shale	Till

**ACCESSORIES**

	Minxl	Crin	Gyp
Anhy	Nodule	Echin	Ls
Arg	Pyr	Fish	Mlstr
Bent	Salt	Foram	Slstrg
Bit	Sandy	Fossil	Ssstrg
Brcfrag	Silt	Gastro	
Calc	Sulphur	Oolite	
Carb	Tuff	Ostra	
Chttk		Pelec	
Chtt		Pellet	
Dol		Pisolite	
Feldspar		Plant	
Ferrp		Strom	
Ferr			
Glau			
Gyp			
Hvymim			
Kaol			
Marl			

**OTHER SYMBOLS**

Earthy	Well	Even	Dst
Fenest	Moderate	Spotted	Dst
Fracture	Poor	Quets	pipesymbol
Inter		Dead	Rft
Moldic		Gas show	Sidewall
Organic		New symbol	
Pinpoint			
Vuggy			

