



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1298087
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: _____

1298087

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 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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
12/29/2015	50932

Cement Treatment Report

DMJ
1776 Georgia Road
Humboldt, KS 66748

(x) Landed Plug on Bottom at 900 PSI
 () Shut in Pressure psi
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Set float shoe

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 5/8"
 TOTAL DEPTH: 905

48-1103536	Terms	Due Date
Allen	Net 15 days	1/28/2016

Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount
Run in and cement 2 7/8"	898	1.78174	1,600.00
Sales Tax		7.75%	0.00

12.26.15
Brinkmyer #5
Allen County
Section:
Township:
Range:

Hooked onto 2 7/8" casing. Established circulation with 3.1 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 90 sacks of 2% cement, dropped rubber plug, and pumped 5 barrels of water

Total	\$1,600.00
Payments/Credits	\$0.00
Balance Due	\$1,600.00

Phone #	E-mail
620-431-9212	rustypickle@hotmail.com

Company: DMJ Oil

Farm: Brinkmeyer

Well No: 5

API: 15-001-31430

Surface Pipe: 21 FT



Contractor: **DMJ OIL**

License # **7160**

County: Allen

Sec: 35 Twp 26 Range 18 E

Location: 800 FSG

Location: 1485 FIEL

Spot: Se. Ne. Sw. SE

Started _____

Thickness	Thickness	Formation	Remarks	Pipe Tally	Ft.	Depth	X
Top	Bottom	L,Sh,Sa,CL		Kelly Sub			
0	2	TOP SOIL		#2 Collar	51.5	51.5	X
2	20	Lime		1	28.5	80	X
20	117	Shale		2	31.8	111.8	X
117	255	Lime		3	31.7	143.5	X
255	440	Shale		4	31.6	175.1	X
440	458	Lime		5	29.9	205	X
458	540	Shale		6	30.8	235.8	X
540	577	Lime		7	30.7	266.5	X
577	599	Shale		8	31.6	298.1	X
599	615	Lime		9	31.7	329.8	X
615	1023	Shale		10	31.9	361.7	X
1023	1027	Lime		11	31.7	393.4	X
1027	716	Shale		12	31.5	424.9	X
716	718	Lime		13	31.9	456.8	X
822	830	Sand	order	14	32.3	489.1	X
830	834	oil sand	good bleed	15	31.4	520.5	X
834	836	shale		16	31.4	551.9	X
836	858	oil sand		17	31.5	583.4	X
858	859	Coal		18	31.7	615.1	X
859	896	Shale		19	31.7	646.8	X
896	905	oil sand	Good Bleed	20	30.8	677.6	X
				21	31.9	709.5	X
				22	31.1	740.6	X
				23	31.1	771.7	X
				24	31.3	803	X
				25	31.6	834.6	X
				26	30.9	865.5	X
				27	30.7	896.2	X
				28	31.6	927.8	
				29	31.4	959.2	
				30	30.9	990.1	
				31	31.2	1021.3	
				32	31.2	1052.5	
				33	31.3	1083.8	
				34	31	1114.8	
				35	30.1	1144.9	
					31.8	1208.5	

905 T.D.

898 TO PIPE