

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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3/20

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
3/4/2016	2731

Bill To	
Colt Energy Inc. PO Box 388 Iola, KS 66749	
Customer ID#	1003

SCANNED
7/20/08

Job Date	3/2/2016
Lease Information	
Schafer #CS-19	
County	Woodson
Foreman	SM

15-207-29331

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	840.00	840.00
C107	Pump Truck Mileage (one way)	25	0.00	0.00
C201	Thick Set Cement	150	19.50	2,925.00T
C208	Pheno Seal	300	0.60	180.00T
C206	Gel Bentonite	300	0.20	60.00T
C214	Cottonseed Hulls	40	0.45	18.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C403	4 1/2" Top Rubber Plug	1	45.00	45.00T
D101	Discount on Services		-59.26	-59.26
D102	Discount on Materials		-161.40	-161.40T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$4,192.34
Sales Tax (7.5%)	\$230.00
Total	\$4,422.34
Payments/Credits	\$0.00
Balance Due	\$4,422.34

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D 16004 203

5.11 7

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2731
 Foreman Steve Mead
 Camp Eureka

15-207-29331

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-2-16	1002	Schafer # CS-19	23	26	14E	Woodson	KS
Customer		Safety Meeting	Unit #	Driver	Unit #	Driver	
Calt Energy Inc			104	Alan M			
Mailing Address							
P.O. Box 388							
City	State	Zip Code					
Eola	Ks	66749					

Job Type 45 Hole Depth 1382 Slurry Vol. _____ Tubing _____
 Casing Depth 1377 Hole Size 13.25 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 4 1/2 10.5 #/ft Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 21 3/4 Displacement PSI 1000 Bump Plug to 1200 BPM _____

Remarks: Safety Meeting: Rig up to 4 1/2 casing. Breaks circulation w/ fresh water. Pump 300' Gel Flush w/ Hulls & 5 bbl water spacer. Mix 150 sacks Thickset cement w/ 2" Phenoseal. Wash out pump & lines. Shut down. Release plug. Displace w/ 21 3/4 bbls Fresh water. Final pumping pressure 1000+ bump plug to 1300'. Release pressure. Plug held. Good cement returns to surface. Shows to P.T. Job complete Rig down

Thank you.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	840.00	840.00
C107	25	Mileage	N/C	N/C
C201	150sks	Thickset cement	19.50	2925.00
C208	300'	Phenoseal 2" per 1/2 SK	.60	180.00
C206	300'	Gel Flush	.20	60.00
C214	40'	Hulls	.45	18.00
C158A	8.25 hrs	Tool Mileage Bulk Truck	N/C	345.00
C403	1	4 1/2" Top Rubber plug	45.00	45.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 590 <232.16> #1430.31 </div>				
			Sub Total	4413.00
			Sales Tax	242.10
			7.50%	
			Total	4655.10

Authorization R. R. [Signature] Title _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.