



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1304175
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
-----------------------------------	-----------------	---

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: _____

1304175

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
--	---

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
----------------	-------	---------	------------	---

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> _____
---	--

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> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Jay Scott Emler, Chairman
Shari Feist Albrecht, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 19, 2016

Ben Giles
Giles, Benjamin M.
346 S. LULU
WICHITA, KS 67211

Re: ACO-1
API 15-015-24061-00-00
MCCULLOCH 2A
NW/4 Sec.32-25S-04E
Butler County, Kansas

Dear Ben Giles:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/09/2015 and the ACO-1 was received on April 19, 2016 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department



POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

Acid & Cement

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620)

INVOICE NUMBER:
C43198-IN

BILL TO:
BEN GILES
MWM OIL CO., INC.
346 SOUTH LULU
WICHITA, KS 67211

LEASE: MCCULLOCH A-2

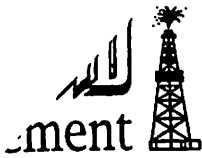
DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/13/2015	C43198		11/09/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
60.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	240.00
60.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	120.00
1.00	EA	CEMENT PUMP CHARGE - SURFACE		0.00	1,100.00	1,100.00
185.00	SK	65/35 POZ 2% GEL MIX		0.00	10.75	1,988.75
10.00	SK	3% CALCIUM CHLORIDE		0.00	30.00	300.00
195.00	EA	BULK CHARGE		0.00	1.25	243.75
514.80	MI	BULK TRUCK - TON MILES		0.00	1.10	566.28
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,558.78
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BUTCO Sales Tax:		74.25
RECEIVED BY		NET 30 DAYS		Invoice Total:		4,633.03

*surface
 charging.*

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N° C43198

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-9-15 20__

AUTHORIZED BY: Ben Gues (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McLulloch Well No. A-2 Customer Order No. _____

Sec. Twp. _____ Range _____ County Buck State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	60	Milage Pump Truck	4 ⁰⁰	240 ⁰⁰
2	60	Milage Pickup	2 ⁰⁰	120 ⁰⁰
2	1	Surface pump Charge		1100 ⁰⁰
2	185	65/35 2 ⁰ gel	10 ⁷⁵	1988 ⁷⁵
2	10	3% Per Chlorate	30 ⁰⁰	300 ⁰⁰
2	195	Bulk Charge	1 ²⁵	243 ⁷⁵
2		Bulk Truck Miles 8.58T X 70m = 514.8Tm	1 ¹⁰	566 ²⁸
		Process License Fee on _____ Gallons		
TOTAL BILLING				4558⁷⁸

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Brandon

Station G13

[Signature] Dusty
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

COPELAND

Acid & Cement

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 (316) 524-1027 FAX

Invoice

BURRTON, KS ♦ GREAT BEND, KS
 (620) 463-5161 (620) 793-3366
 FAX (620) 463-2104 FAX (620)

INVOICE NUMBER:
C43576-IN

BILL TO:
BEN GILES
MWM OIL CO., INC.
346 SOUTH LULU
WICHITA, KS 67211

LEASE: **MCCULLOCH 2A**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
11/19/2015	C43576		11/12/2015		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
60.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	240.00
60.00	MI	MILEAGE PICKUP TRUCK		0.00	2.00	120.00
1.00	EA	PUMP CHARGE - LONG STRING		0.00	1,600.00	1,600.00
175.00	SK	70/30 2% GEL MIX		0.00	10.75	1,881.25
1,000.00	LB	SALT		0.00	0.25	250.00
100.00	LB	FRICTION REDUCER C-37		0.00	4.00	400.00
100.00	LB	C-41P		0.00	3.75	375.00
1.00	EA	LATCH-DOWN PLUG & BAFFLE		0.00	175.00	175.00
1.00	EA	FLOAT SHOE		0.00	285.00	285.00
5.00	EA	TURBO CENTRALIZER		0.00	85.00	425.00
500.00	GAL	MUD FLUSH		0.00	0.75	375.00
199.00	EA	BULK CHARGE		0.00	1.25	248.75
525.30	MI	BULK TRUCK - TON MILES		0.00	1.10	577.83
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		6,952.83
RECEIVED BY _____		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BUTCO Sales Tax:		108.00
		NET 30 DAYS		Invoice Total:		7,060.83

Copeland

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas



FIELD ORDER N° C 43576

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 11-12-75 20__

AUTHORIZED BY: Ben Giles (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease McCULLOUGH Well No. 2A Customer Order No. _____

Sec. Twp. Range _____ County Butler State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	60	Mileage Pump Truck	4.00	240.00
2	60	Mileage Pickup	2.00	120.00
2	1	Long String Pump Charge		1600.00
2	175	70/30 2% gel	10.75	1881.25
2	1000*	SALT	.25	250.00
2	100*	C-37	4.00	400.00
2	100*	C-41P	3.75	375.00
2	1	Latch down plug + Baffle		175.00
2	1	Float shoe		285.00
2	5	Turbo Cent.	85.00	425.00
2	500	Mad Fluid	.75	375.00
2	199	Bulk Charge	1.25	248.75
2		Bulk Truck Miles $8.7557 \times 60 \text{ m} = 525.37 \text{ m}$	1.10	577.83
		Process License Fee on _____ Gallons		
TOTAL BILLING				6952.83

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Brendan

Station GB

Dusty
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS