

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 |
|--|---|

| 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 |
|---|---|------------------------------------|

| 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: | |
|----------------|-------|---------|------------|--|

Global Cementing LLC

1958 E HWY 40
Russell, KS 67665

Invoice

| | |
|-----------|-----------|
| Date | Invoice # |
| 4/26/2016 | 2628 |
| Due Date | 5/26/2016 |

| |
|--|
| Bill To |
| KNIGHTON OIL PO BOX 1580 HAYS KS 67601 |

| | |
|--------------|---------|
| P.O. No. | Project |
| RANDLE#2 SWD | |

| Quantity | Description | Rate | Amount |
|----------|-------------------------------------|-----------|-----------|
| 200 | COMMON | 15.00 | 3,000.00 |
| 17 | SALT | 16.00 | 272.00 |
| 17 | PLASTER | 26.25 | 446.25 |
| 8 | GEL | 21.50 | 172.00 |
| 242 | HANDLING | 1.90 | 459.80 |
| | BULK MILEAGE | 193.60 | 193.60 |
| 1 | TRI-PLEX PUMP CHARGE FOR LONGSTRING | 1,450.00 | 1,450.00 |
| 10 | PUMP TRUCK MILEAGE | 6.00 | 60.00 |
| 10 | PICKUP | 1.80 | 18.00 |
| 1 | 5 1/2 AFU FLOAT SHOE | 325.00 | 325.00 |
| 1 | 5 1/2 BASKET | 215.00 | 215.00 |
| 6 | 5 1/2 CENTRALIZER | 72.50 | 435.00 |
| 1 | 5 1/2 LD & BAFFLE | 285.00 | 285.00 |
| | DISCOUNT IF PAID WITHIN 30 DAYS | -2,888.65 | -2,888.65 |
| | new sales tax rate as of 7-1-2015 | 8.50% | 0.00 |

Thank you for your business.

Total \$4,443.00

| | | |
|--------------|--------------|---------------------------|
| Phone # | Fax # | E-mail |
| 785-324-2658 | 785-445-4174 | globalcementing@gmail.com |

GLOBAL CEMENTING, L.L.C.

REMIT TO 18048 170RD RUSSELL, KS 67665 SERVICE POINT Russell

OWWO

| DATE | SEC | TWP | RANGE | CALLED OUT | ON LOCATION | JOB START | JOB FINISH |
|--|----------|----------------|--------------------------|--------------|---------------|-----------|-----------------|
| <u>4-26-2016</u> | <u>5</u> | <u>26</u> | <u>14</u> | | | | <u>11:00 PM</u> |
| LEASE | | WELL # | LOCATION | COUNTY | STATE | | |
| <u>RANDLE</u> | | <u>"2" SWD</u> | <u>Byers 1N 1W 2N 2E</u> | <u>Pratt</u> | <u>KANSAS</u> | | |
| <input checked="" type="radio"/> OLD OR NEW (CIRCLE ONE) | | | | | | | |

CONTRACTOR W-W DRG. Rig # 4 'Sid' D. OWNER

TYPE OF JOB PRODUCTION STRING.

HOLE SIZE 7 7/8 T.D. @ 3697'

CASING SIZE 5 1/2 DEPTH @ 3628'

TUBING SIZE 1 1/4" # CSG. DEPTH

DRILL PIPE BPR @ 265 DEPTH

TOOL LATCH Down Plug Baffle DEPTH @ 3608

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT 20'

CEMENT LEFT IN CSG. 20'

PERFS

DISPLACEMENT 88 1/4 BBL

EQUIPMENT

PUMP TRUCK CEMENTER GLENN G.

P-2 HELPER CODY H.

BULK TRUCK

B- DRIVER JASON M.

BULK TRUCK

DRIVER

CEMENT AMOUNT ORDERED 200 sx Com. 10% SALT 29gpl
520 OWG.

500 GAL MUD FLUSH

| | | |
|----------|---|-------|
| COMMON | @ | |
| POZMIX | @ | |
| GEL | @ | |
| CHLORIDE | @ | |
| ASC | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| HANDLING | @ | |
| MILEAGE | | |
| | | TOTAL |

REMARKS:

RAN 83 New Joints of 14 # 5 1/2 csg.
Set @ 3628, received circulation &
DROP AFEU Ball, Circulated on Bottom
For 1 HR. Pump Mud Flush. Followed
By 170 SX Cement, Clear-Line, Release
LATCH Down Plug & Displaced 88 1/4 BBL
H₂O Land Plug @ 1400 #, Release Pressure
2 AFEU Plug (HOLD) ZERANK'S
PUT 30 SX Cement @ Ret-Hole.

CHARGE TO: KNIGHTON Oil Company INC.

STREET _____

CITY _____ STATE _____ ZIP _____

Global Cementing, L.L.C.,
 You are hereby requested to rent cementing equipment and
 furnish cementer and helper(s) to assist owner or contractor to
 do work as is listed. The above work was done to satisfaction
 and supervision of owner agent or contractor. I have read and
 understand the "GENERAL TERMS AND CONDITIONS"
 listed on the reverse side.

PRINTED NAME _____

SIGNATURE [Signature]

SERVICE

| | |
|-------------------|---|
| DEPTH OF JOB | |
| PUMP TRUCK CHARGE | |
| EXTRA FOOTAGE | @ |
| MILEAGE | @ |
| MANIFOLD | @ |
| | @ |
| | @ |
| TOTAL | |

PLUG & FLOAT EQUIPMENT

| | |
|--------------------------------|---|
| <u>1- AFEU FLOAT SHOE</u> | |
| <u>1- BASKET</u> | @ |
| <u>6- CENTRALIZERS</u> | @ |
| <u>1- LATCH DOWN PLUG ASSY</u> | @ |
| | @ |
| | @ |
| TOTAL | |

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS