



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1313644  
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: \_\_\_\_\_

1313644

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](mailto: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:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Lone Jack Oil Company

Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: Blakley Operator: Kansas City LLC API # 15-121-31276-00-00  
 Contractor: Lone Jack Oil Company Date Started: 7/2/16 Date Completed: 7/11/16  
 Total Depth: 662 feet Well # 2 Hole Size: 5 5/8  
 Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5  
 Depth of Seat Nipple: \_\_\_\_\_ Rag Packer At: \_\_\_\_\_  
 Length and Size of Casing: 647' 2 7/8 Sacks of Cement: 80  
 Legal Description: SE SW NW NW Sec: 5 Twp: 17S Range: 22E County: Miami

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
3	3	Top Soil & Clay	4	660	Oil Sand (Little Shaley)
3	6	Lime	2	662	Shale
7	13	Clay		662	TD
10	23	Lime			
13	36	Shale			
19	55	Lime			
2	57	Shale			
6	63	Lime			
1	64	Shale			
18	82	Lime			
93	170	Shale			
18	193	Lime			
31	224	Shale			
4	228	Lime			
35	263	Shale			
14	277	Lime			
15	292	Shale			
25	317	Lime			
13	330	Shale			
18	348	Lime			
4	352	Shale			
4	356	Lime			
4	360	Shale			
6	366	Lime			
110	476	Shale			
1	477	Oil Sand (Slight Bleed)			
54	531	Shale			
8	539	Lime			
31	570	Shale			
9	579	Lime			
12	591	Shale			
4	595	Lime			
15	610	Shale			
3	613	Lime			
10	623	Shale			
6	629	Lime			
19	648	Shale			
8	656	Oil Sand (Good Bleed)			



250 N. Water, Ste 200 - Wichita, Ks 67202

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: <b>KC Oil</b>		Customer Name: <b>Andy Peoples</b>		Ticket No.: <b>1406</b>				
Address:		AFE No.:		Date: <b>8/4/2016</b>				
City, State, Zip:		Job type: <b>Linear Gel Frac</b>						
Service District: <b>Garnett, Kansas</b>		Well Details: <b>New Oil</b>						
Well name & No: <b>Blakley #2</b>		Well Location: <b>Peola</b>		County: <b>Miami</b>	State: <b>Kansas</b>			
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED	AM	TIME
158/801	Bon T	145	Pete L			ARRIVED AT JOB	PM	
148/157	Billy L	17	Zach H			START OPERATION	PM	
146/156	Terry B					FINISH OPERATION	PM	
820	Danny P					RELEASED	PM	
24	Ron J					MILES FROM STATION TO WELL	PM	

**Treatment Summary**

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
P01012	100 MC Frac Sand	cwt	1.00	\$25.00	\$25.00	\$13.00
P01031	12/20 Brady Sand	cwt	40.00	\$26.00	\$1,040.00	\$540.80
P01203	Hurrigel 907	gal	16.00	\$42.00	\$672.00	\$349.44
P01101	Liquid KCL Substitute	gal	4.00	\$27.13	\$108.52	\$56.43
P01076	Biocide	gal	2.00	\$35.12	\$70.24	\$36.52
P01225	Liquid Enzyme Breaker	gal	0.50	\$174.00	\$87.00	\$45.24
P02000	H2O	gal	4,032.00	\$0.01	\$52.42	\$27.26
P01052	Rock Salt	lb	200.00	\$0.28	\$56.00	\$29.12
F80101	Combo Unit No. 1 - Multiple Job (20%)	ea	1.00	\$2,280.00	\$2,280.00	\$1,185.60
F00101	Heavy Equip. One Way	mi	15.00	\$3.25	\$48.75	\$26.35
F00102	Light Equip. One Way	mi	15.00	\$1.50	\$22.50	\$11.70
F15700	Transports 150 bbl	hr	1.50	\$105.00	\$157.50	\$81.00
F15600	Transports 150 bbl	hr	1.50	\$105.00	\$157.50	\$81.90
F82000	Sand Truck	day	0.50	\$500.00	\$250.00	\$130.00

**TERMS:** Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.

X \_\_\_\_\_  
CUSTOMER AUTHORIZED AGENT

Gross: \$ 5,027.43		Net: \$ 2,614.26
Total Taxable \$ -	Tax Rate: 7.150%	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax: \$ -
		Total: \$ 2,614.26

Date of Service:  
HSI Representative: *Jack Hansen*  
Customer Representative:

**Customer Comments or Concerns:**

Hurricane Services appreciates any Comments, Concerns or Criticism's from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.