

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1315310

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: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b> <input type="checkbox"/> New    <input type="checkbox"/> Used         </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	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 (Explain) _____			
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Stewart Producers, Inc.
Well Name	JACKSON 1
Doc ID	1315310

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	218	Common	120	3%cc, 2% gel



**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

Stewart Producers

**36/27S/8E Butler, KS**

301 N. 27th Street  
P.O. Box 546  
Mt Vernon, IL 62864  
ATTN: Mark Thompson

**Jackson #1**

Job Ticket: 63080

**DST#: 1**

Test Start: 2016.08.21 @ 23:36:00

### GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:56:35

Time Test Ended: 06:09:05

Test Type: Conventional Bottom Hole (Initial)

Tester: Jimmy Ricketts

Unit No: 80

**Interval: 2720.00 ft (KB) To 2734.00 ft (KB) (TVD)**

Reference Elevations: 1402.00 ft (KB)

Total Depth: 2734.00 ft (KB) (TVD)

1397.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

**Serial #: 6798 Inside**

Press@RunDepth: 531.57 psig @ 2721.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.08.21

End Date:

2016.08.22

Last Calib.: 1899.12.30

Start Time: 23:36:40

End Time:

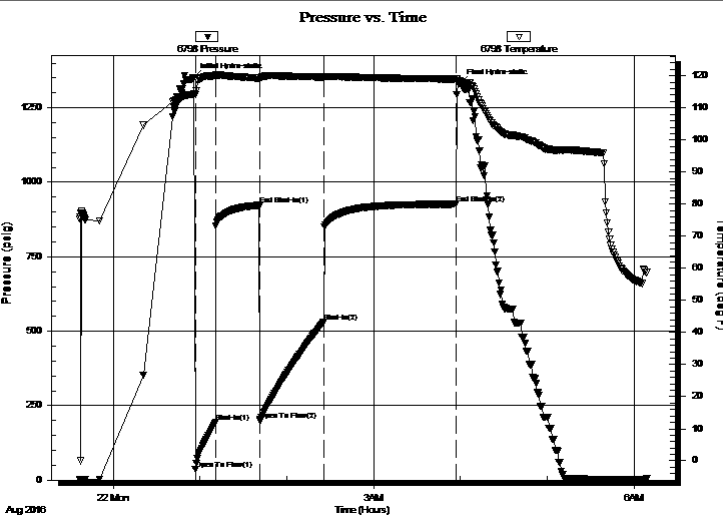
06:09:05

Time On Btm: 2016.08.22 @ 00:55:20

Time Off Btm: 2016.08.22 @ 03:59:35

**TEST COMMENT:** IF - Weak blow building to strong blow (bottom of bucket) 4 minutes into initial flow period.

FF - Weak blow building to strong blow 3 minutes into final flow period.



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1351.91	114.22	Initial Hydro-static
2	35.35	114.11	Open To Flow (1)
16	193.92	119.98	Shut-In (1)
46	922.96	119.30	End Shut-In (1)
46	201.22	118.86	Open To Flow (2)
91	531.57	119.56	Shut-In (2)
182	926.71	118.98	End Shut-In (2)
185	1332.17	118.34	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
980.00	Mud cut Water 8% M & 92% W	12.64
150.00	Heavy Mud cut Water TR Oil 32% M & 68% W	2.10

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

Stewart Producers

**36/27S/8E Butler, KS**

301 N. 27th Street  
P.O. Box 546  
Mt Vernon, IL 62864  
ATTN: Mark Thompson

**Jackson #1**

Job Ticket: 63080

**DST#: 1**

Test Start: 2016.08.21 @ 23:36:00

### GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:56:35

Time Test Ended: 06:09:05

Test Type: Conventional Bottom Hole (Initial)

Tester: Jimmy Ricketts

Unit No: 80

**Interval: 2720.00 ft (KB) To 2734.00 ft (KB) (TVD)**

Reference Elevations: 1402.00 ft (KB)

Total Depth: 2734.00 ft (KB) (TVD)

1397.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

**Serial #: 9124 Outside**

Press@RunDepth: psig @ 2721.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.08.21

End Date:

2016.08.22

Last Calib.:

1899.12.30

Start Time: 23:36:05

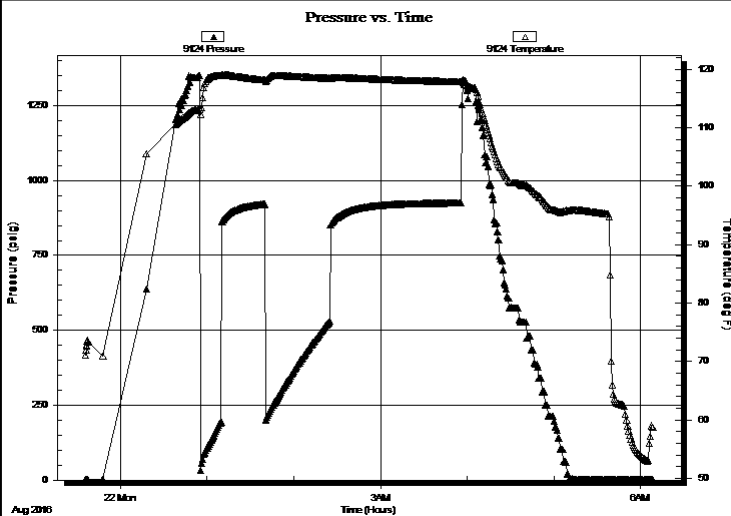
End Time:

06:08:14

Time On Btm:

Time Off Btm:

TEST COMMENT: IF - Weak blow building to strong blow (bottom of bucket) 4 minutes into initial flow period.  
FF - Weak blow building to strong blow 3 minutes into final flow period.



### PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
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### Recovery

Length (ft)	Description	Volume (bbl)
980.00	Mud cut Water 8% M & 92% W	12.64
150.00	Heavy Mud cut Water TR Oil 32% M & 68% W	2.10

### Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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**TRILOBITE**  
**TESTING, INC.**

## DRILL STEM TEST REPORT

### FLUID SUMMARY

Stewart Producers

**36/27S/8E Butler, KS**

301 N. 27th Street

**Jackson #1**

P.O. Box 546

Job Ticket: 63080

**DST#: 1**

Mt Vernon, IL 62864

Test Start: 2016.08.21 @ 23:36:00

ATTN: Mark Thompson

### Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

58000 ppm

Viscosity: 42.00 sec/qt

Cushion Volume:

bbl

Water Loss: 8.19 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 600.00 ppm

Filter Cake: inches

### Recovery Information

Recovery Table

Length ft	Description	Volume bbl
980.00	Mud cut Water 8% M & 92% W	12.645
150.00	Heavy Mud cut Water TR Oil 32% M & 68% W	2.104

Total Length: 1130.00 ft

Total Volume: 14.749 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Serial #: 6798

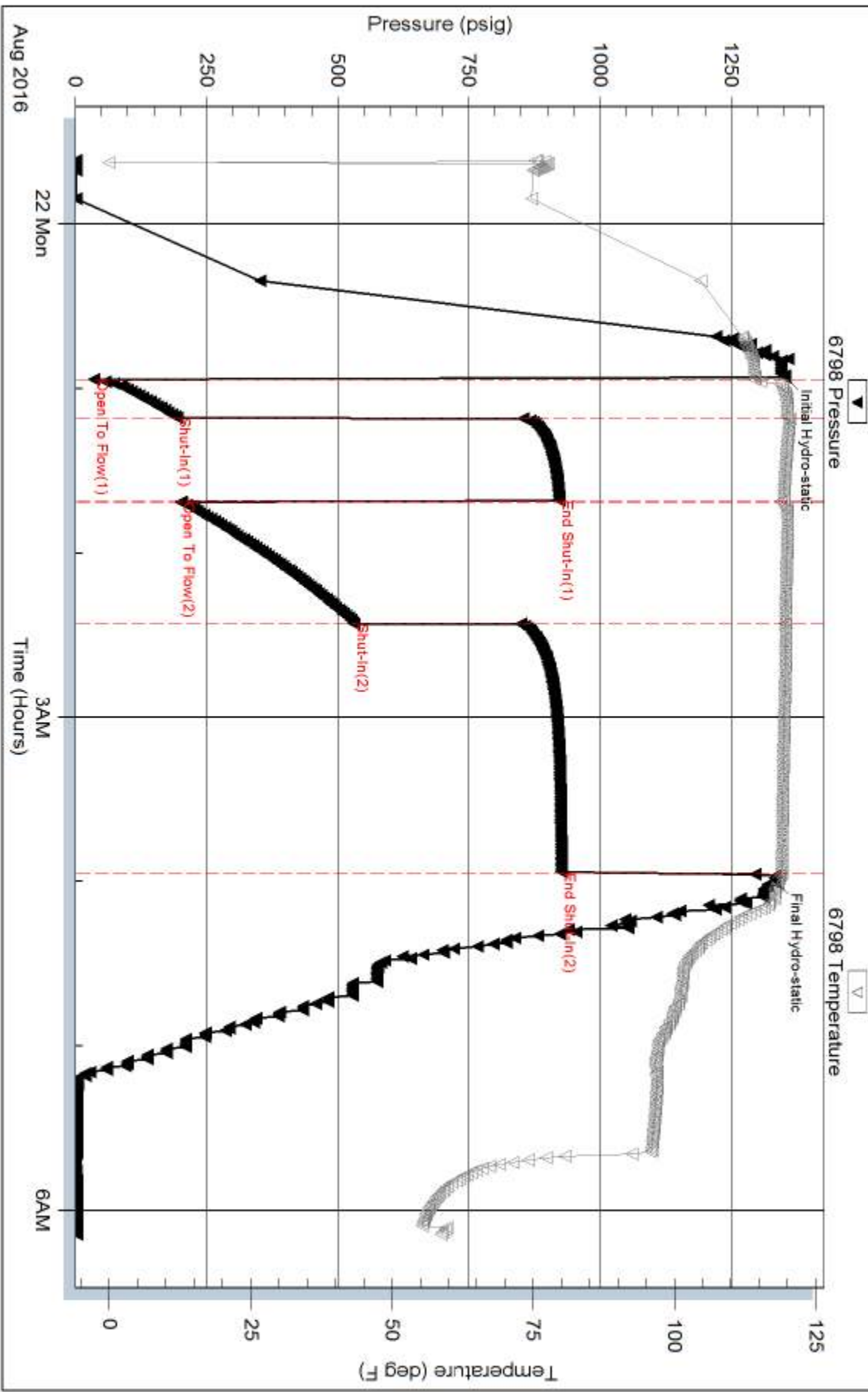
Inside

Stewart Producers

Jackson #1

DST Test Number: 1

# Pressure vs. Time

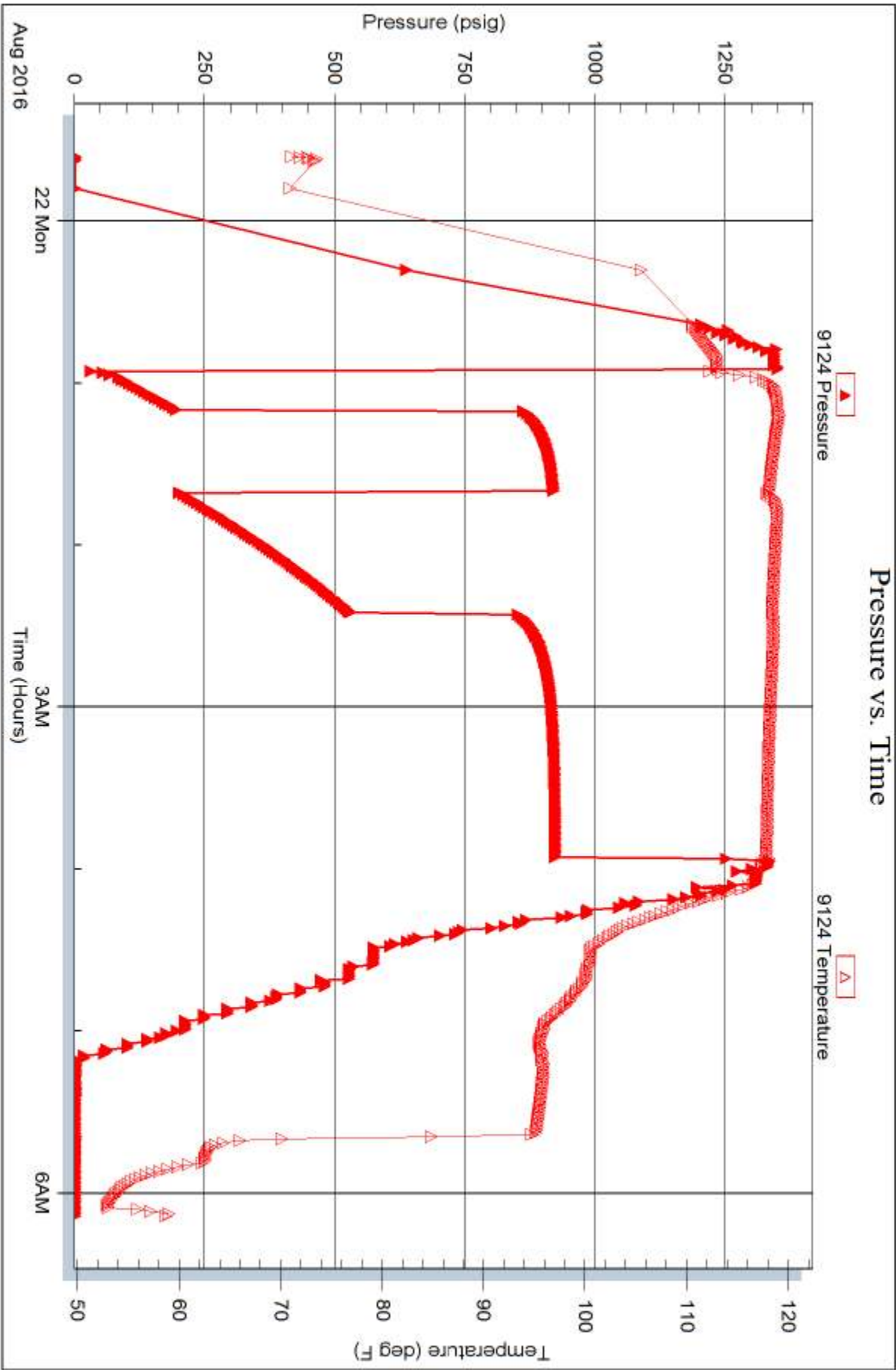


Serial #: 9124

Outside Stew art Producers

Jackson #1

DST Test Number: 1





**CONSOLIDATED**  
Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC  
Dept:970  
P.O.Box 4346  
Houston, TX 77210-4346

RECEIVED

SEP 5 2016  
1765

MAIN OFFICE

P.O.Box884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice# 808419

nvoice

Invoice Date: 08/31/16

Terms: Net 30

Page 1

STEWART WELL SERVICES, INC.

P.O. BOX 546  
MT. VERNON IL 62864  
USA  
618-244-3754

JACKSON #1

15-073-24231-00-00

art No	Description	Quantity	Unit Price	Discount(%)	Total
E0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	45.000	1,045.00
E0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	45.000	117.98
E0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
C5829	Lite-Weight Blend V (60:40:4)	105.000	16.0000	45.000	924.00
C6075	Celloflake	26.000	2.0000	45.000	28.60
Subtotal					4,506.50



**CONSOLIDATED**  
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

**Invoice # 808419**

TICKET NUMBER 51344  
LOCATION GL Donado  
FOREMAN Fuzz4

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-22-16	7907	Jackson #1	36	27	8	Steppwood
CUSTOMER Stewart Producers						
MAILING ADDRESS 3010 N. 27th Box 546						
CITY Mt Vernon	STATE ILL	ZIP CODE 62864				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			603	Tracey		
			715	Jeremy		
			725	Fuzz4		

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 2783' CASING SIZE & WEIGHT \_\_\_\_\_  
CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 14.1 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_  
REMARKS: Safety meeting on W.W. #4 Rig up and plug as ordered

15 SKS @ 2669'  
15 SKS @ 2366'  
15 SKS @ 1024'  
15 SKS @ 218'  
15 SKS top of surface 50'  
30 SKS in RH  
105 SKS 60/40 4% gel 1 1/4" poly slate  
Thanks Fuzz4  
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 <sup>00</sup>	1900 <sup>00</sup>
CE0002	30	MILEAGE	7 <sup>15</sup>	214 <sup>50</sup>
CE0711	4.5 don	Tom mileage Delivery (min)	660 <sup>00</sup>	660 <sup>00</sup>
CE5829	105 SKS	60/40 pos 4% gel	16 <sup>00</sup>	1680 <sup>00</sup>
CE6075	26"	Poly Slate	2 <sup>00</sup>	52 <sup>00</sup>
		subtotal		4506 <sup>00</sup>
		discount 45%		2027 <sup>92</sup>
		subtotal		2478 <sup>08</sup>
		TAX 71.45		
		SALES TAX		71.45
		ESTIMATED TOTAL		2550.00

Ravin 3737

AUTHORIZATION Walter Brown TITLE Tool Pusher DATE 8-22-16

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



**CONSOLIDATED**  
Oil Well Services, LLC

REMIT TO

Consolidated Oil Well Services, LLC  
Dept:970  
P.O.Box 4346  
Houston, TX 77210-4346

RECEIVED

AUG 31 2016

MAIN OFFICE

P.O.Box 884  
Chanute, KS 66720  
620/431-9210, 1-800/467-8676  
Fax 620/431-0012

Invoice

Invoice# 808412

Invoice Date: 08/26/16

Terms: Net 30

Page 1

STEWART WELL SERVICES, INC.

P.O. BOX 546  
MT. VERNON IL 62864  
USA  
618-244-3754

JACKSON #1  
15-073-24231-00-00

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	30.000	7.1500	45.000	117.98
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CC5800A	Class A Cement - Sack	120.000	20.0000	45.000	1,320.00
CC5965	Bentonite	350.000	0.3000	45.000	57.75
CC5325	Calcium Chloride	300.000	1.0000	45.000	165.00
CC6075	Celloflake	30.000	2.0000	45.000	33.00

Subtotal 5,239.50

Discounted Amount 2,357.78

SubTotal After Discount 2,881.72

Amount Due 5,454.38 If paid after 09/25/16

Tax: 118.18

Total: 2,999.91



