

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 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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TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Eagle creek corporation
 8100 E 22nd North Bldge 1500
 Wichita, Ks 67226
 ATTN: Bob O Dell

31-20-35w Wichita, KS
Kysar 1-31
 Job Ticket: 65504 **DST#: 1**
 Test Start: 2016.08.16 @ 22:49:35

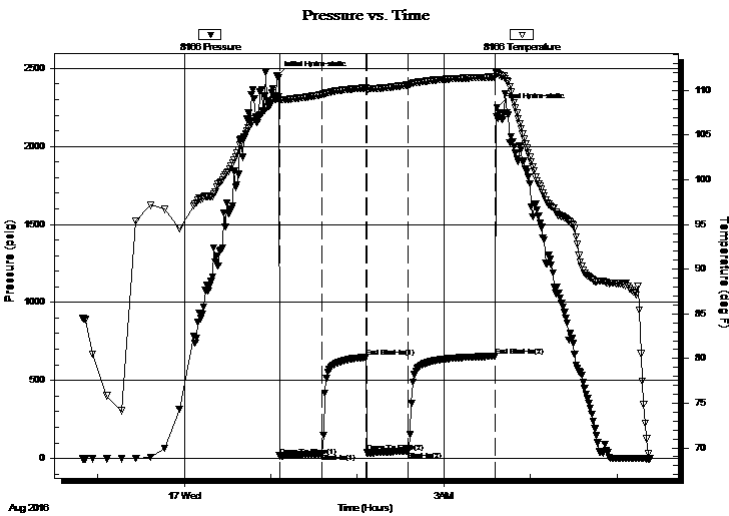
GENERAL INFORMATION:

Formation: **Ft. Scott**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 01:06:05
 Time Test Ended: 05:22:35
 Interval: **4643.00 ft (KB) To 4670.00 ft (KB) (TVD)**
 Total Depth: 4670.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Good
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Brandon Turley
 Unit No: 79
 Reference Elevations: 3217.00 ft (KB)
 3212.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8166 Outside
 Press@RunDepth: 47.55 psig @ 4644.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2016.08.16 End Date: 2016.08.17 Last Calib.: 2016.08.17
 Start Time: 22:49:40 End Time: 05:22:34 Time On Btm: 2016.08.17 @ 01:05:05
 Time Off Btm: 2016.08.17 @ 03:37:05

TEST COMMENT: IF: 1/4 blow died in 14 min.
 IS: No return.
 FF: No blow
 FS: No return.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2454.45	109.21	Initial Hydro-static
1	17.06	108.78	Open To Flow (1)
31	31.58	109.52	Shut-In(1)
61	649.36	110.29	End Shut-In(1)
62	37.10	109.90	Open To Flow (2)
90	47.55	110.61	Shut-In(2)
151	655.74	111.51	End Shut-In(2)
152	2246.48	111.87	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	w cm 10%w 90%m	0.32

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

Eagle creek corporation

31-20-35w Wichita, KS

8100 E 22nd North Bldg 1500
Wichita, Ks 67226

Kysar 1-31

Job Ticket: 65504

DST#: 1

ATTN: Bob O Dell

Test Start: 2016.08.16 @ 22:49:35

GENERAL INFORMATION:

Formation: **Ft. Scott**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:06:05

Time Test Ended: 05:22:35

Test Type: Conventional Bottom Hole (Initial)

Tester: Brandon Turley

Unit No: 79

Interval: 4643.00 ft (KB) To 4670.00 ft (KB) (TVD)

Total Depth: 4670.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Good

Reference Elevations: 3217.00 ft (KB)

3212.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8875 Inside

Press@RunDepth: psig @ 4644.00 ft (KB)

Start Date: 2016.08.16

End Date:

2016.08.17

Start Time: 22:49:58

End Time:

05:22:52

Capacity: 8000.00 psig

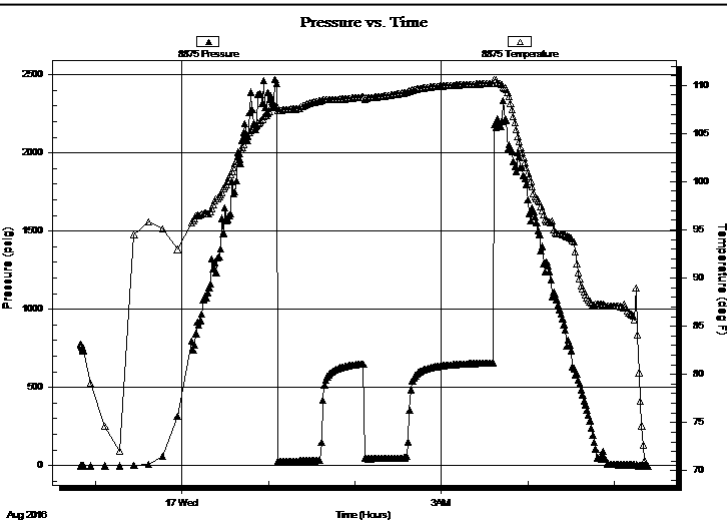
Last Calib.:

2016.08.17

Time On Btm:

Time Off Btm:

TEST COMMENT: IF: 1/4 blow died in 14 min.
IS: No return.
FF: No blow
FS: No return.



PRESSURE SUMMARY

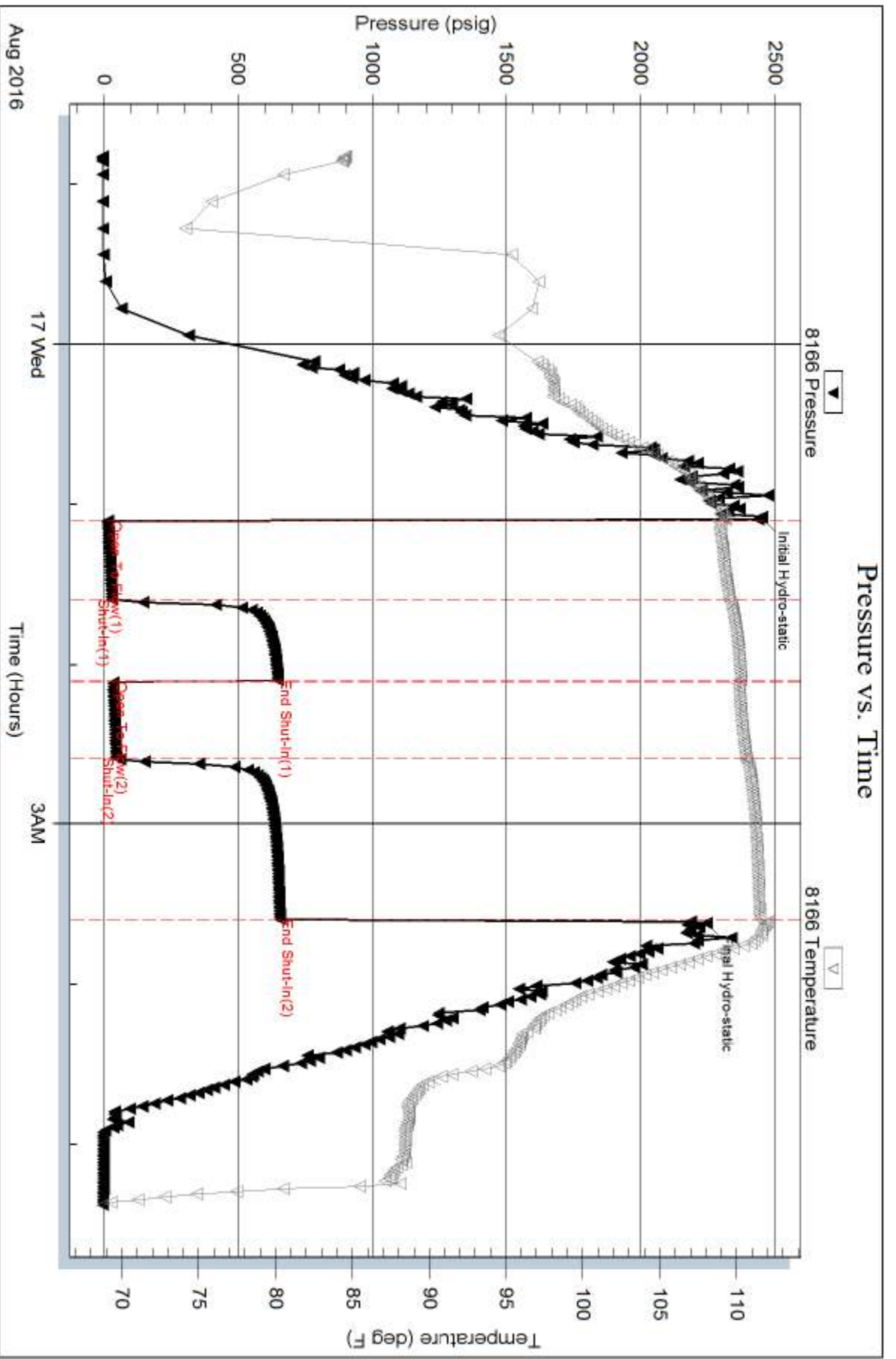
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
65.00	w cm 10%w 90%m	0.32

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



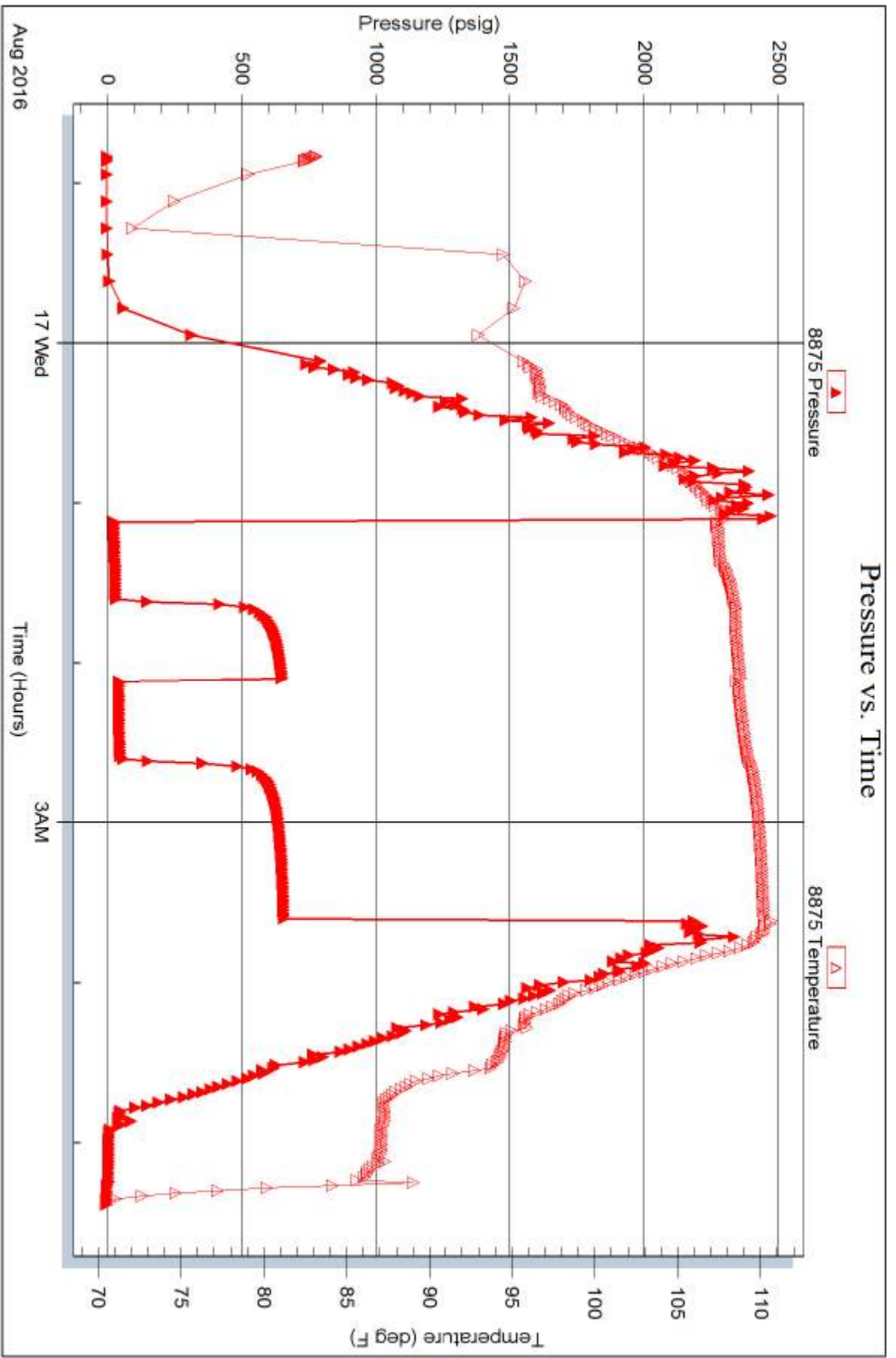
Serial #: 8875

Inside

Eagle creek corporation

Kysar 1-31

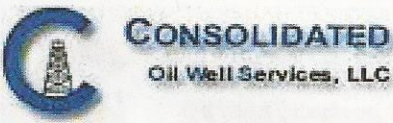
DST Test Number: 1



Tribble Testing, Inc

Ref. No: 65504

Printed: 2016.08.17 @ 06:21:02



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

MAIN OFFICE

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

Invoice

Invoice# 808322

Invoice Date: 08/16/16

Terms: Net 30

Page 1

EAGLE CREEK CORP.

8100 E. 22nd St., N. Bldg. 1500-A
 WICHITA KS 67226-2315
 USA

KYSAR 1-31

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0471	Cement Pump Charge 301' - 500' (Coalbed/Methane)	1.000	1,150.0000	45.000	632.50
CE0002	Equipment Mileage Charge - Heavy Equipment	45.000	7.1500	45.000	176.96
CE0710	Cement Delivery Charge	1.000	777.6000	45.000	427.68
CC5871	Surface Blend II, 2% Gel/3% CaCl	210.000	23.0000	45.000	2,656.50

Subtotal 7,079.35

Discounted Amount 3,185.71

SubTotal After Discount 3,893.64

Amount Due 7,489.90 If paid after 09/15/16

Tax: 225.80

Total: 4,119.44

CONSOLIDATED
Well Services, LLC

Chanute, KS 66720
0 or 800-467-8676

6418
6322

TICKET NUMBER 51531
LOCATION Oakley Ks
FOREMAN Jerry Y

FIELD TICKET & TREATMENT REPORT

CEMENT 15
Invoice # 808322

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
16 2776	Kysar 1-31	31	20S	35W	Wichita
OPERATOR		TRUCK #	DRIVER	TRUCK #	DRIVER
Eagle Creek Corp.		753	Rob S		
100 E. 22nd St. N. Bldg 1500-A		460	Cory D		
Wichita		assist	Miles S		
STATE	ZIP CODE	7031535			
KS	67226-2315				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 305 CASING SIZE & WEIGHT 8 7/8 x 24 ft
 CASING DEPTH 305 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 18661 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on WLD10 break circulation with rig free mix 210 sks surface blend II wash & displace with 18661 freshwater & shut in. Circulated approx 5661 to pt

Cement did circulate

Thank you Jerry & crew

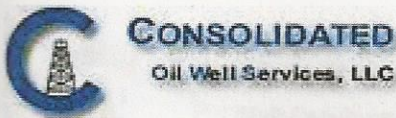
ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1180 ⁰⁰	1180 ⁰⁰
CE0002	45	MILEAGE	7 ¹⁵	321 ⁷⁵
CE0710	9.87	ton mileage delivery	12 ²	777 ⁶⁰
CC5871	210 sks	Surface blend II	23 ⁰⁰	4830 ⁰⁰
			Subtotal	7079 ³⁵
			-45 ⁸	3185 ⁷¹
			Subtotal	3893 ⁶⁴

SALES TAX 225.80
ESTIMATED TOTAL 4119.44

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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.



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

MAIN OFFICE

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

Invoice Invoice# 808370

Invoice Date: 08/22/16 Terms: Net 30 Page 1

EAGLE CREEK CORP.
 8100 E. 22nd St., N. Bldg. 1500-A
 WICHITA KS 67226-2315
 USA

KYSAR 1-31

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	45.000	1,045.00
CE0002	Equipment Mileage Charge - Heavy Equipment	45.000	7.1500	45.000	176.96
CE0710	Cement Delivery Charge	1.000	778.8400	45.000	428.36
CC5829	Lite-Weight Blend V (60:40:4)	230.000	16.0000	45.000	2,024.00
CC6075	Celloflake	58.000	3.0000	45.000	95.70

Subtotal 6,854.59
 Discounted Amount 3,084.57
 SubTotal After Discount 3,770.02

Amount Due 7,182.18 If paid after 09/21/16

Tax: 180.17
 Total: 3,950.19

VALIDATED
Services, LLC

6472
6376

TICKET NUMBER 51539
LOCATION Oakley, KS
FOREMAN Jerry Y

Chanute, KS 66720
10 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
Invoice # 808370 CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-19-16	2776	Kysar 1-31	31	20	35W	Wichita
CUSTOMER			TRUCK #			
Eagle Creek Corp			731	Cory D		
MAILING ADDRESS			772 T129	Arley M		
8100 E. 22nd St., N. Bldg. 1500A			535			
CITY			STATE			
Wichita			KS			
ZIP CODE			67226-2315			

JOB TYPE plug HOLE SIZE 7 7/8 HOLE DEPTH 5053 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on W110 plugs ordered with 230 sks
Lite blend V 144 flo seal
50 sks @ 2350'
80 sks @ 1120'
50 sks @ 350'
20 sks @ 60'
30 sks Rathok

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	4.5	MILEAGE	715	321 ⁷⁵
CE0710	9.89	ton mileage delivery	175	778 ⁸⁹
CC5829	230 sks	Lite blend V	16 ⁰⁰	3680 ⁰⁰
CC6075	58 #	flo seal	3 ⁰⁰	174 ⁰⁰
			Subtotal	6854 ⁵⁹
			-458	3084 ⁵⁷
			Subtotal	3770 ⁰⁰
			SALES TAX	180.17
			ESTIMATED TOTAL	3950.19

Revin 3737

AUTHORIZATION Ria [Signature] TITLE _____ DATE _____

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.