

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](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 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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Form	ACO1 - Well Completion
Operator	Alton Oil LLC
Well Name	RALPH 1
Doc ID	1318064

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	3384-3414		





**CONSOLIDATED**  
Oil Well Services, LLC

6666  
Field #1 dot  
6671

TICKET NUMBER 51306

LOCATION EL Dorado

API # 15-035-24653 FOREMAN Fuzz

**FIELD TICKET & TREATMENT REPORT**

INVOICE # 808061

**CEMENT**

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-9-16	1128	Ralph #1	10	33	4	Cowley
CUSTOMER Alton Oil LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS P.O. Box 117			603 / Tracy			
CITY STATE ZIP CODE Winfield KS 67156			611 / Jeremy			
			725 / Fuzz			

JOB TYPE Surface HOLE SIZE 12"4 HOLE DEPTH 227' CASING SIZE & WEIGHT 85/8  
 CASING DEPTH 224' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.7 SLURRY VOL 30.2 WATER gal/sk 6.5 CEMENT LEFT In CASING 20'  
 DISPLACEMENT 12.9 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Dixon Dalg. Rig up Pump 5 BBLs  
water mix 175 sks class 'A' 300cc 200gal w 1/2" poly plate  
Displace 13 BBL and shut in.

Cement did circulate approx 5+ BBL to pit.

Thanks Fuzz + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 <sup>00</sup>	1500 <sup>00</sup>
CE0710	SS	MILEAGE	7 <sup>15</sup>	393 <sup>75</sup>
CE0711	6 TON	Tow mileage Delivery (min)	110 <sup>00</sup>	660 <sup>00</sup>
CC5800	125 sks	CLASS 'A' cement	20 <sup>00</sup>	2500 <sup>00</sup>
CC5325	350 #	Calcium chloride	1 <sup>00</sup>	350 <sup>00</sup>
CC5965	250 #	Gel	.30	75 <sup>00</sup>
CC6075	50 #	Poly plate	2 <sup>00</sup>	100 <sup>00</sup>
				5,578.25
		sub total		5828 <sup>75</sup>
			42%	2,372.71
		less discount		2622 <sup>21</sup>
				3205 <sup>54</sup>

SCANNED

SALES TAX 117.34  
 ESTIMATED TOTAL 3322.88

Form 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.



**CONSOLIDATED**  
Oil Well Services, LLC

6174 Field #Kfda  
6099

TICKET NUMBER 51308

LOCATION EL Dorado

API # 15-035-24653-0000

FOREMAN Fuzzy

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

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

**Invoice # 808085**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-16	1128	Roloh #1	10	33	4	Cowley
CUSTOMER Acton Oil Co.			WINDFIELD			
MAILING ADDRESS P.O. Box 117			WINDFIELD			
CITY		STATE	ZIP CODE	WINDFIELD		
WINDFIELD		KS	67156	WINDFIELD		
TRUCK #		DRIVER		TRUCK #		DRIVER
700		CHRIS				
611		JUD				
692		MARK				
FUZZY		725				

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 3515' CASING SIZE & WEIGHT 5 1/2 15.5  
 CASING DEPTH 35 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.3 SLURRY VOL 31.6 WATER gal/sk \_\_\_\_\_ CEMENT LEFT In CASING 10'  
 DISPLACEMENT 83.3 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting on Dixon bldg. Rig up, Cent Jts 2-4-6-8  
 S-Band Turbolizers 1-3-5-7-9 Basket + 11 circ labo 30mins, Pump  
 5 BBL water 500gal Mud Flush 5 BBL water, Mix 120SKS Class A  
 300gal 29acc w/s # Rolohal 1# phenosol. Wash pump and lines  
 Drop plug and displace 83 1/2 BBLs. 650 lit and plug @  
 1150# float held, lost returns @ 32 BBLs slowed rate to  
 3 BBL/min regained returns @ 38 BBLs.

THANKS FUZZY & CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300 <sup>00</sup>	2300 <sup>00</sup>
CE0002	SS	MILEAGE	7.15	393.25
CE0711	5.6 Ton	Tow Mileage Delivery (MIN)	660 <sup>00</sup>	660 <sup>00</sup>
WS0853	7 hrs	80 BBL vac Truck	100 <sup>00</sup>	700 <sup>00</sup>
WC6199	3000 gal	city water	.02	60 <sup>00</sup>
CE6077	600 #	Rolohal	.50	300 <sup>00</sup>
CC5800A	9152 120SKS	Class A	20 <sup>00</sup>	2400 <sup>00</sup>
CE6965	350 #	Gel	.30	105 <sup>00</sup>
CC5325	250 #	Calcium chloride	1 <sup>00</sup>	250 <sup>00</sup>
CE6079	120 #	Pheno-sol	1.32	162 <sup>00</sup>
CC61256	9153 500gal	Mud Flush	.65	325 <sup>00</sup>
CP8254	1	5 1/2 hatchdown Plug Assy	400 <sup>00</sup>	400 <sup>00</sup>
CP8485	1	5 1/2 - AFU of load shore	585 <sup>00</sup>	585 <sup>00</sup>
CP8554	4	5 1/2 - Centralizers	81 <sup>00</sup>	324 <sup>00</sup>
CP8576	5	5 1/2 - S-Band Turbolizers	240 <sup>00</sup>	1200 <sup>00</sup>
CP8651	1	5 1/2 - Recip Basket	385 <sup>00</sup>	385 <sup>00</sup>
			subtotal	10549.25
			less disc 45%	4747.16
			SALES TAX	241.16
			ESTIMATED TOTAL	46043.25

SCANNED

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.