

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
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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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Operator:
lantha Resources, LLC
Garnett, KS

Minckley #2A

Anderson Co., KS
3-23S-19E
API: 003-26537

Spud Date:	9/20/2016	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.3'	Longstring:	749.0'
Surface Cement:	6 sx	Longstring Date:	9/22/2016
Longstring:	2 7/8 EUE API		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	14	Clay	
14	19	Sand	Hard
19	54	Shale	
54	58	Lime	
58	116	Shale	
116	147	Lime	
147	167	Shale	
167	185	Shale	Limey
185	188	Lime	
188	199	Bl. Shale	
199	209	Lime	
209	213	Shale	
213	274	Lime	
274	278	Bl. Shale	
278	301	Lime	
301	308	Shale	
308	324	Lime	
324	366	Shale	
366	370	Sand	
370	460	Shale	
460	465	Lime	
465	486	Shale	
486	496	Shale	Hard

Minckley #2A
Anderson Co., KS

496	508	Lime	
508	518	Shale	
518	524	Lime	
524	536	Shale	
536	539	Lime	
539	542	Shale	
542	548	Lime	
548	570	Shale	
570	586	Sandy Shale	
586	595	Shale	
595	604	Lime	
604	619	Shale	
619	626	Lime	
626	641	Shale	
641	652	Lime	
652	670	Shale	
670	676	Lime	
676	678	Shale	
678	680	Bl. Shale	
680	684	Shale	
684	689	Lime	
689	692	Bl. Shale	
692	695	Shale	Muddy
695	696	Bl. Shale	
696	703	Sand	Good oil show, see below
703	716	Sandy Shale	
716	762	Shale	
762		TD	

Sand Detail

696-703 Good sand, a few shale lenses, well saturated with free oil, good gas saturation.

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:

IANTHA RESOURCES LLC
21517 NW 1650 RD
GARNETT, KS 66032

Invoice Date: 9/22/2016
Invoice #: 0023888
Lease Name: MINKLEY
Well #: 2-A
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 100679 Longstring	0.000	0.000	0.00
Cement pump	1.000	675.000	675.00
Bulk truck #242	1.000	300.000	300.00
Cement Pozmix 50/50	130.000	11.300	1,469.00 T
Bentonite Gel	518.000	0.300	155.40
Pheno Seal	33.000	1.700	56.10
80bbl Vac truck 110	1.000	84.000	84.00
City water	3,000.000	0.013	39.00
Top rubber plug 2 7/8"	1.000	30.000	30.00 T
Bid price	1.000	374.750-	374.75-T
Bid price	1.000	349.870-	349.87-

Net Invoice 2,083.88
Sales Tax: (8.00%) 89.94
Total 2,173.82

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	IANTHA RESOURCES	Date:	9/22/2016	SO#:		1286
Representative:	CHRIS McGOWN					
Address:						
City, State:						
County, Zip:						

Field Order No.:	100679	Open Hole:		Perf Depths (ft)	Perfs
Well Name:	MINKLEY 2-A	Casing Depth:	750'		
Location:	COLONY, KS	Casing Size:	2 7/8		
Formation:		Tubing Depth:			
Type of Service:	LONGSTRING	Tubing Size:			
Well Type:		Liner Depth:			
Age of Well:	Oil	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	Tubing	Total Depth:	761		
				Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbbls)
	FLUID	N2/CO2	STP	ANNULUS				
9:00 AM					Called Out			
9:45 AM					On Location With Trucks			
					Hold Safety Meeting Spot & Set Up Trucks			
10:15 AM					Hook Up To Tubing			
	2.0		50.0		BREAK CIRCULATION			5.00
	2.0		100.0		MIX AND PUMP GEL SWEEP			12.00
	2.0		100.0		PUMP WATER TO BRING GEL TO SURFACE			5.00
	2.0		100.0		PUMP 4 BBLS DYED WATER			4.00
	2.0		200.0		MIX AND PUMP CEMENT			29.00
	2.0		50.0		WASH PUMP AND LINES			5.00
	2.0		200.0		DISPLACE			4.30
11:37 AM			1,000.0		BUMP PLUG			
					SHUT IN WELL			
					WASH UP PUMP			15.00
					RIG DOWN			
TOTAL:						-	-	79.30

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
2.0	2.0	1,000.0	225.0

PRODUCTS USED

130 Sacks 50:50+2%GEL+1/4# PHENO SEAL

Treater: Todd Seba

Customer: CHRIS McGOWN

