

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 #1 Inj.

Anderson Co., KS
3-23S-19E
API: 003-26540

Spud Date:	9/22/2016	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.3'	Longstring:	750.0'
Surface Cement:	6 sx	Longstring Date:	9/23/2016
Longstring:	2 7/8 EUE API		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	13	Clay	
13	18	Sand	Hard
18	58	Shale	
58	60	Lime	
60	113	Shale	
113	150	Lime	
150	175	Shale	
175	178	Bl. Shale	
178	189	Lime	
189	216	Shale	
216	276	Lime	
276	282	Bl. Shale	
282	301	Lime	
301	307	Bl. Shale	
307	325	Lime	
325	497	Shale	
497	507	Lime	
507	518	Shale	
518	533	Lime	
533	541	Shale	
541	545	Lime	
545	571	Shale	
571	594	Sandy Shale	

Minckley #1 Inj.
Anderson Co., KS

594	596	Coal	
596	603	Shale	Muddy
603	613	Lime	
613	625	Shale	
625	630	Lime	
630	634	Bl. Shale	
634	645	Shale	
645	678	Lime	
678	682	Shale	
682	685	Shale	
685	690	Bl. Shale	
690	696	Lime	
696	698	Coal	
698	701	Shale	Muddy
701	711	Sand	Good oil show, see below
711	720	Sandy Shale	No show
720	762	Shale	
762		TD	

Sand Detail

701-705	Sand w/sandy shale, fair oil saturation, fair odor
705-711	Good sand with good oil saturation, good bleed and odor
711-720	Sandy shale w/some sand, poor saturation in top, no show past 711

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



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: 9/23/2016
Invoice #: 0023957
Lease Name: MINKLEY
Well #: INJ 1
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 100807 Longstring	0.000	0.000	0.00
Pump truck #201	1.000	675.000	675.00
Vac truck 104 (C)	1.000	84.000	84.00
Cement Pozmix 50/50	126.000	11.300	1,423.80 T
Bentonite Gel	512.000	0.300	153.60
Pheno Seal	32.000	1.700	54.40
80bbl Vac Truck #109	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	363.450-	363.45-T
Bid price	1.000	133.000-	133.00-

Net Invoice 2,047.35
Sales Tax: (8.00%) 87.23
Total 2,134.58

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:	9/23/2016	Ticket No.:	100807
Field Rep:	CHRIS MCGOWN				
Address:					
City, State:					
County, Zip:					

Field Order No.:		Open Hole:	762,	Perf Depths (ft)	Perfs
Well Name:	MINLKEY #1 INJ.	Casing Depth:			
Location:	COLONY, KS	Casing Size:			
Formation:		Tubing Depth:	750'		
Type of Service:	LONGSTRING	Tubing Size:	2 7/8		
Well Type:		Liner Depth:			
Age of Well:	NEW	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	TUBING	Total Depth:			
				Total Perfs	0

TIME	INJECTION RATE FLUID	N2/CO2	PRESSURE STP	ANNULUS	REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
4:15 PM					ON LOCATION			
					SAFETY MEETING SPOT IN AND RIG UP			
					MIX AND PUMP GEL SPACER			6.00
			250.0		PUMP GEL AROUND			22.00
			250.0		MIX AND PUMP DYED WATER			2.00
4:45 PM			300.0		MIX AND PUMP CEMENT 126 SACKS			27.60
					STOP			
					WASH PUMP AND LINES			10.00
					DROP PLUG			
			100-500		DISPLACE			4.75
5:15 PM			1,000.0		BUMP PLUG			
5:45 PM					HOLD 30 MIN			
			500.0		BLEED PRESSURE DOWN TO 500 PSI			
					SHUT IN WELL			
5:55 PM					WASH UP PUMP			10.00
					RIG DOWN			
TOTAL:						-	-	82.35

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
-	#DIV/0!	1,000.0	460.0

PRODUCTS USED

126 SACKS 50:50 + 2% GEL + 1/4# PHENO SEAL

Treater:

Jake Heard

Customer: CHRIS MCGOWN

