

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 #2 Inj.**

Anderson Co., KS  
3-23S-19E  
API: 003-26543

<b>Spud Date:</b>	10/21/2016	<b>Surface Bit:</b>	9.875"
<b>Surface Casing:</b>	7.0"	<b>Drill Bit:</b>	5.875"
<b>Surface Length:</b>	22.3'	<b>Longstring:</b>	749.20'
<b>Surface Cement:</b>	6 sx	<b>Longstring Date:</b>	10/25/2016
<b>Longstring:</b>	2 7/8 EUE API		

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	2	Soil	
2	13	Clay	
13	112	Shale	
112	145	Lime	
145	171	Shale	
171	172	Coal	
172	175	Shale	
175	180	Lime	Shaley
180	185	Lime	
185	211	Bl. Shale	
211	220	Lime	
220	221	Shale	
221	270	Lime	
270	277	Shale	
277	296	Lime	
296	301	Bl. Shale	
301	320	Lime	
320	330	Shale	Limey
330	493	Shale	
493	526	Lime	
526	530	Shale	
530	538	Lime	
538	554	Shale	
554	578	Sand	Hard, grey

Minckley #2 Inj.  
Anderson Co., KS

578	584	Sandy shale	
584	592	Shale	
592	612	Lime	
612	617	Shale	
617	620	Lime	
620	639	Shale	
639	644	Lime	
644	666	Shale	
666	676	Lime	
676	682	Shale	
682	685	Lime	
685	693	Shale	Muddy
693	703	Sand	See below
703	762	Shale	Muddy
<b>762</b>		<b>TD</b>	

**Sand Detail**

693-696	Sand w/ shale, fair odor, sand has good free oil
696-698	Sand, good odor, good oil saturation
698-700	Sand, better odor and saturation
700-702	Sand, better saturation, very good odor, good free oil to pit 696-702
702-703	Sand, w/some shale, fair odor and saturation
703-706	Sandy shale w/muddy shale, no oil

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: 10/27/2016  
Invoice #: 0024500  
Lease Name: MINCKLEY  
Well #: 2 INJ  
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 100818 Plug to Abandon	0.000	0.000	0.00
Cementer #231	1.000	675.000	675.00
Bulk truck #242	1.000	300.000	300.00
80bbl Vac Truck #109	2.000	84.000	168.00
City water	3,000.000	0.013	39.00
Cement Pozmix 50/50	135.000	11.300	1,525.50 T
Bentonite Gel	527.000	0.300	158.10
Pheno Seal	34.000	1.700	57.80
Top rubber plug 2 7/8"	1.000	30.000	30.00 T
Bid price	1.000	388.870-	388.87-T
Bid price	1.000	371.980-	371.98-

Net Invoice 2,192.55  
Sales Tax: (8.00%) 93.33  
**Total** 2,285.88

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!**



250 N. Water, Ste 200 - Wichita, Ks 67202

**HURRICANE SERVICES INC**

104 Prairie Plaza Parkway - Garnett, Ks 66032

<b>Customer:</b> IANTHA RESOURCES		<b>Customer Name:</b> DAVE LYBERGER		<b>Ticket No.:</b> 100818				
<b>Address:</b>		<b>AFE No.:</b>		<b>Date:</b> 10/27/2016				
<b>City, State, Zip:</b>		<b>Job type:</b> PTA						
<b>Service District:</b> GARNETT, KANSAS		<b>Well Details:</b>						
<b>Well name &amp; No.:</b> MINCKLEY #2 INJECTION		<b>Well Location:</b> COLONY	<b>County:</b> ANDERSON	<b>State:</b> KANSAS				
<b>Equipment #</b>	<b>Driver</b>	<b>Equipment #</b>	<b>Driver</b>	<b>Equipment #</b>	<b>Driver</b>	<b>TRUCK CALLED</b>	<b>AM</b>	<b>TIME</b>
25	JAKE	242	KEVIN			ARRIVED AT JOB	AM	9:40
28	TODD					START OPERATION	AM	
231	RON					FINISH OPERATION	AM	
147-250	PETE					RELEASED	AM	10:30
109	BILLY					MILES FROM STATION TO WELL	AM	20

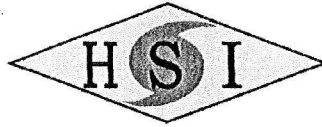
**Treatment Summary**

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C23102	Cement Pump	ea	1.00	\$675.00	\$675.00	\$506.25
C24201	Cement Bulk Truck - Minimum	ea	1.00	\$300.00	\$300.00	\$225.00
C10900	Vacuum Truck 80 bbl	hr	2.00	\$84.00	\$168.00	\$126.00
P02000	H2O	gal	3,000.00	\$0.01	\$39.00	\$29.25
P01604	50/50 Pozmix Cement	sack	135.00	\$11.30	\$1,525.50	\$1,144.13
P01607	Bentonite Gel	lb	227.00	\$0.30	\$68.10	\$51.08
P01607	Bentonite Gel	lb	300.00	\$0.30	\$90.00	\$45.00
P01618	Pheno Seal	lb	34.00	\$1.70	\$57.80	\$43.35
P01631	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$22.50

<small>TERMS: Cash in advance unless Hurricane Services Inc has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and owing and subject to collection. Authorization below acknowledges receipt and acceptance of all terms and conditions including the Standard Terms of Sale.</small>	<b>Gross:</b> \$ 2,953.40		<b>Net:</b> \$ 2,192.55		
	<b>Total Taxable</b>	\$ -	<b>Tax Rate:</b>	7.150%	
	<i>Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.</i>			<b>Sale Tax:</b>	\$ -
	<b>Total:</b> \$ 2,192.55				
	<b>Date of Service:</b>		10/27/2016		
	<b>HSI Representative:</b>		JAKE HEARD/TODD SEBA		
<b>Customer Representative:</b>		DAVE LYBERGER			
<b>Customer Comments or Concerns:</b>					

Hurricane Services appreciates any Comments, Concerns or Criticisms from our valuable customers as Safety and Customer Satisfaction are our Number 1 goal. All Comments are confidential and will be used in a constructive manner to improve our Safety and Job Performance.

TREATMENT REPORT



HURRICANE SERVICES INC

Customer: IANTHA RESOURCES	Date: 10/27/2016	Ticket No.: 100818
Field Rep: DAVE LYBERGER		
Address:		
City, State:		
County, Zip:		

Field Order No.:	100818
Well Name:	MINCKLEY #2 INJ
Location:	COLONY
Formation:	
Type of Service:	LONGSTRING
Well Type:	
Age of Well:	
Packer Type:	
Packer Depth:	
Treatment Via:	

Open Hole:	5 7/8"
Casing Depth:	
Casing Size:	
Tubing Depth:	750
Tubing Size:	2 7/8"
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
<b>Total Perfs</b>	<b>0</b>

TIME	INJECTION RATE FLUID	N2/CO2	PRESSURE STP	ANNULUS	REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
9:40 AM					ON LOCATION			
					SAFETY MEETING SPOT IN RIG UP			
9:51 AM			50.0		BREAK CIRCULATION			3.00
9:53 AM			25.0		MIX AND PUMP GEL			9.00
10:00 AM			25.0		PUMP FRESHWATER			10.00
10:04 AM			25.0		PUMP DYED WATER			5.00
10:07 AM			100.0		MIX AND PUMP CEMENT (135 SACKS)			29.57
					STOP			
					DROP PLUG			
					WASH PUMP AND LINES			
			300.0		DISPLACE			4.34
10:25 AM			1,200.0		BUMP PLUG			
					HOLD 5 MIN			
			500.0		RELEASE PRESSURE			
					WASH UP PUMP			
					RIG DOWN			
<b>TOTAL:</b>						-	-	60.91

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
-	#DIV/0!	1,200.0	278.1

PRODUCTS USED

135 SACKS 50:50 + 2% GEL + .25 LB/SK PHENOSEAL

Treater: JAKE / TODD

Customer: DAVE LYBERGER