

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--



Operator:
lantha Resources, LLC
Garnett, KS

Minckley #4 Inj.

Anderson Co., KS
3-23S-19E
API: 003-26544

Spud Date:	9/28/2016	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.3'	Longstring:	749.45'
Surface Cement:	6 sx	Longstring Date:	9/30/2016
Longstring:	2 7/8 EUE API		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	12	Clay	
12	15	Shale	
15	59	Sandy Shale	
59	61	Lime	
61	114	Shale	
114	152	Lime	
152	167	Shale	
167	178	Sandy Shale	
178	179	Coal	
179	185	Shale	
185	193	Lime	
193	224	Shale	
224	285	Lime	
285	290	Bl. Shale	
290	297	Shale	
297	311	Lime	
311	316	Bl. Shale	
316	336	Lime	
336	339	Shale	
339	343	Lime	
343	509	Shale	
509	519	Lime	
519	530	Shale	

Minckley #4 Inj.
Anderson Co., KS

530	541	Lime	
541	579	Shale	
579	590	Sand	Grey
590	608	Shale	
608	622	Lime	
622	632	Shale	
632	636	Lime	
636	638	Coal	
638	656	Bl. Shale	
656	664	Lime	
664	684	Shale	
684	688	Lime	
688	699	Bl. Shale	
699	702	Lime	
702	706	Bl. Shale	
706	708	Coal	
708	712	Shale	Muddy
712	720	Sand	Broken, good odor
720	762	Sandy Shale	
762		TD	

Sand Detail

712-714	Sand w/shale, good odor, broken sand, fair show in samples
714-718	Broken sand, quite a bit of shale, fair to good show & odor
718-720	Dark sand w/some shale, less odor, not as much show
720-722	Mostly shale, scattered sand pieces, no odor

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: 9/30/2016
Invoice #: 0024143
Lease Name: MINKLEY
Well #: 4 INJ
County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 100808 Longstring	0.000	0.000	0.00
Pump truck #201	1.000	675.000	675.00
Bulk truck #202	1.000	300.000	300.00
Cement Pozmix 50/50	124.000	11.300	1,401.20 T
Bentonite Gel	534.000	0.300	160.20
Pheno Seal	31.000	1.700	52.70
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	357.800-	357.80-T
Bid price	1.000	350.220-	350.22-

Net Invoice 2,034.08
Sales Tax: (8.00%) 85.87
Total 2,119.95

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:	9/30/2016	Ticket No.:	100808
Field Rep:	CHRIS MCGOWN				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100808
Well Name:	MINKLEY #4 INJ.
Location:	COLONY, KS
Formation:	
Type of Service:	LONGSTRING
Well Type:	
Age of Well:	NEW
Packer Type:	
Packer Depth:	
Treatment Via:	TUBING

Open Hole:	5 7/8" 762'
Casing Depth:	
Casing Size:	
Tubing Depth:	749.45'
Tubing Size:	2 7/8"
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
1:00 PM					ARRIVE ON LOCATION			
					SAFETY MEETING			
					SPOT IN RIG UP			
1:15 PM					HOOK UP TO TUBING			
	2.0		150.0		PUMP WATER			2.00
	2.0		150.0		MIX AND PUMP GEL			9.00
	2.0		150.0		PUMP WATER TO BRING GEL AROUND			13.00
	2.0		150.0		MIX AND PUMP DYED WATER			3.00
	2.0		400.0		MIX AND PUMP CEMENT 124 SACKS			27.16
					STOP			
					WASH PUMP AND LINES			10.00
					DROP PLUG			
	2.0		450.0		DISPLACE			4.50
1:45 PM			1,100.0		BUMP PLUG			
					HOLD PRESSURE			
2:15 PM			500.0		BLEED DOWN PRESSURE			
			500.0		SHUT IN WELL			
					WASH UP PUMP AND RIG DOWN			
TOTAL:						-	-	68.66

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
2.0	2.0	1,100.0	394.4

PRODUCTS USED

124 SACKS 50:50 + 2% GEL + 1/4# PHENOSEAL

Treater: Jake Heard

Customer: Chris McGown

