

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 Recompletion Date _____ 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 #2J

Anderson Co., KS
4-23S-19E
API: 003-26568

Spud Date:	11/2/2016	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.4'	Longstring:	751.35'
Surface Cement:	6 sx	Longstring Date:	11/4/2016
Longstring:	2 7/8 EUE New API		

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	12	Clay	
12	15	Gravel	
15	49	Shale	
49	52	Lime	
52	101.5	Shale	
101.5	109	Lime	
109	111	Shale	
111	140	Lime	
140	155	Shale	
155	166	Sandy Shale	
166	170	Bl. Shale	
170	179	Lime	
179	196	Shale	
196	207	Shale	
207	271	Lime	
271	276	Shale	
276	297	Lime	
297	301	Shale	
301	318	Lime	
318	321	Shale	
321	326	Lime	
326	494	Shale	
494	501	Lime	

Minckley #2J
Anderson Co., KS

501	517	Shale	
517	528	Lime	582-590 Good bleed to pit, good odor
528	531	Shale	
531	538	Lime	
538	547	Shale	
547	569	Sand	w/sandy shale
569	588	Sand	No show
588	590	Coal	
590	596	Shale	
596	608	Lime	
608	613	Shale	
613	627	Lime	
627	641	Shale	
641	661	Lime	
661	666	Shale	Limey
666	692	Shale	
692	694	Coal	
694	697	Shale	Muddy
697	711	Sand	Good oil show, see below
711	762	Shale	
762		TD	

Sand Detail

697-698	Sand w/shale, fair oil show
698-700	Sand w/shale, fair oil show, fair bleed, better than above
700-704	Sand, good odor, dark brown, good bleed
704-706	Sand, small amount shale, good oil show
706-708	Sand w/more shale, still showing good oil
708-710	Sand, less shale, good oil show, strong odor & saturation
710-711	Sand w/more shale, still showing oil
711-712	Muddy shale, no oil show

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: 11/7/2016
 Invoice #: 0024704
 Lease Name: MINCKLEY
 Well #: 2-J
 County: ANDERSON

Date/Description	HRS/QTY	Rate	Total
Ticket 100822 Longstring	0.000	0.000	0.00
Cementer #230	1.000	790.000	790.00
Bulk trailer #250	1.000	300.000	300.00
Cement Pozmix 50/50	125.000	11.300	1,412.50 T
Bentonite Gel	510.000	0.300	153.00
Pheno Seal	32.000	1.700	54.40
Top rubber plug 2 7/8"	1.000	30.000	30.00 T
City water	2,772.000	0.013	36.04
Transport #146	2.000	105.000	210.00
Bid price	1.000	360.620-	360.62-T
Bid price	1.000	442.120-	442.12-

Net Invoice 2,183.20
 Sales Tax: (8.00%) 86.55
Total 2,269.75

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!

