

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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ALLIED CEMENTING CO., INC. 4870

Federal Tax I.D.# ~~XXXXXXXXXX~~

ORIGINAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

15-039-20928-00-00

SERVICE POINT:
Olathe, KS

DATE <u>12-06-02</u>	SEC <u>8</u>	TWP. <u>4S</u>	RANGE <u>28W</u>	CALLED OUT <u>6:30pm</u>	ON LOCATION <u>8:30pm</u>	JOB START <u>11:15am</u>	JOB FINISH <u>11:45am</u>
LEASE <u>Fraser</u>		WELL # <u>A-1</u>		LOCATION <u>Obert N 85-36-34W</u>		COUNTY <u>Deer Creek</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)				<u>w.m.</u>			

CONTRACTOR <u>MUR #3</u>	OWNER <u>same</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>260'</u>	CEMENT
CASING SIZE <u>8 5/8</u> <u>2 1/2</u> DEPTH <u>260'</u>	AMOUNT ORDERED <u>185 sks com 3%</u>
TUBING SIZE _____ DEPTH _____	<u>CC 2% gel</u>
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON <u>185</u> @ <u>7.85</u> <u>1452.25</u>
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. <u>15'</u>	GEL <u>3 sks</u> @ <u>10.00</u> <u>30.00</u>
PERFS. _____	CHLORIDE <u>6 sks</u> @ <u>30.00</u> <u>180.00</u>
DISPLACEMENT <u>15.6</u>	_____ @ _____

EQUIPMENT

PUMP TRUCK # <u>191</u>	CEMENTER <u>Fuzzy</u>
BULK TRUCK # <u>315</u>	HELPER <u>Wayne</u>
BULK TRUCK # _____	DRIVER <u>Jarrold</u>
BULK TRUCK # _____	DRIVER _____

HANDLING <u>194</u>	@ <u>1.10</u>	<u>213.40</u>
MILEAGE <u>54 x 1944.04</u>		<u>419.04</u>
TOTAL		<u>2294.69</u>

Surface
RECEIVED
JAN 03 2003
KCC WICHITA SERVICE

REMARKS:

Cement 8 5/8 casing to a depth of 260' with
185 sks com 3% cc - 2% gel
Displace plug to within 15' of
bottom.
cement did circulate
Plug down @ 11:45 pm
THANKS Fuzzy

DEPTH OF JOB <u>260'</u>		<u>260.00</u>
PUMP TRUCK CHARGE		<u>520.00</u>
EXTRA FOOTAGE _____ @ _____		
MILEAGE <u>54</u> @ <u>3.00</u>		<u>162.00</u>
PLUG <u>8 5/8</u> @ <u>45.00</u>		<u>45.00</u>
TOTAL		<u>727.00</u>

CHARGE TO: Pickrell Dalg

STREET _____

CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____
_____ @ _____

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment
and furnish cementer and helper to assist owner or

TOTAL 3021.69



TICKET 29453

CHARGE TO: To Allyn Dill Co
 ADDRESS
 CITY, STATE, ZIP CODE

PAGE 1 OF 2

SERVICE LOCATIONS
 1. Hays Ks WEL/PROJECT NO. # 2 LEASE Irene COUNTY/PARISH De La Rue STATE Ks CITY Location DATE 9-13-16 OWNER
 2. Ness City Ks CONTRACTOR NOV Drilling RIG NAME NO. Big 12 SHIPPED VIA location ORDER NO.
 3. WEL TYPE D-1 WEL CATEGORY Development JOB PURPOSE long string WEL PERMIT NO.
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE TAX # 113	110	mi			5.00	550.00
578					Pump Charge - long string	1	EA			1250.00	1250.00
290					D-Air	3	GM			42.00	126.00
221					liquid hel	2	GM			25.00	50.00
281					Muddlush	500	GM			1.25	625.00
402					Centralizers	8	EA		5 1/2	60.00	480.00
423					Cement Basket	1	EA			250.00	250.00
406					latch Down Plug 3 balls	1	EA			225.00	225.00
407					Insert Floor shoe w/ Auto fill	1	EA			300.00	300.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X David Edgerton DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL P.1 3856 00
 P.2 3484 15
 TOTAL 7340 15
 TAX 367 01
 6973 14
 332 48
 7305 62

SWIFT OPERATOR David Edgerton APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 9-13-16 PAGE NO.

CUSTOMER Jo Allyn Oil Co WELL NO. #2 LEASE Irene JOB TYPE Long String TICKET NO. 29453

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	460							On location
								5 1/2 csg 17#
								Rtd - 4100
								shoe - 30'
								Baffle - 4068'
								Centralizers - 1, 3, 5, 7, 9, 11, 13, 15
								Basket - 2
	525							START Running Csg
	735							Break Circ on Btm
	835	2.5	8			0		Plug Ret Hole - 30 sks
	840	6.5	12			600		pump mud flush - 500 GAL
		6.5	20			600		pump kel spacer
	845	5	0			500		START CMT - 120 sks @ 15.5 ppq
	855	5	28.5			300		End CMT
								Drop plug - Wash P+L
	855	7	0			500		START Disp
		7	75			500		Catch CMT
	915	5.5	94.5					land plug - lift psi - 900
								land psi - 1500
								Release psi - Dry
								WASH TRK
								Thanks
								David, Jon, Isaac