

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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Form	ACO1 - Well Completion
Operator	Rama Operating Co., Inc.
Well Name	Molly Brown 1-5
Doc ID	1323616

Tops

Name	Top	Datum
Heebner	3390	-1488
Brown Lime	3539	-1637
Lansing	3565	-1663
Base Lansing	3843	-1941
Viola	3974	-2072
Simpson Shale	4086	-2184
Arbuckle	4166	-2264
RTD	4250	-2348

Form	ACO1 - Well Completion
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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3809-22	400 gal 15 % MCA	
	CIBP		
4	4166-73		



Joshua R. Austin

Petroleum Geologist

report for
RAMA Operating CO., Inc



COMPANY: RAMA Operating Company, Inc.

LEASE: Austin # 1-5

FIELD: Wildcat

LOCATION: SW-NW-NE-NE (536' FNL & 1018' FEL)

SEC: 5 **TWSP:** 25s **RGE:** 12w

COUNTY: Stafford **STATE:** Kansas

KB: 1902 **GL:** 1891

API # 15-185-23974-00-00

CONTRACTOR: Sterling Drilling (rig #4)

Spud: 11/29/2016 **Comp:** 12/05/2016

RTD: 4250' **LTD:** 4246'

Mud Up: 2900' **Type Mud:** Chemical was displaced

Samples Saved From: 2900' to RTD
Drilling Time Kept From: 2900' to RTD
Samples Examined From: 2900' to RTD
Geological Supervision From: 3000' to RTD
Geologist on Well: Josh Austin

Surface Casing: 8 5/8" @ 294'
Production Casing: 5 1/2" @ 4245'

Electronic Surveys: By Pioneer Energy Services

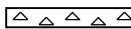








NOTES

On the basis of the positive structural position, good sample shows and after evaluating the electric logs it was recommended by all parties involved in the Austin #1-5 to set 5 1/2" production casing to further test the Arbuckle and Lansing zones.

RAMA Operating Company Inc.
well comparison sheet





DRILLING WELL					COMPARISON WELL			
Austin #1-5					Dudrey #1			
1902 KB					1900 KB		Structural Relationship	
Formation	Sample	Sub-Sea	Log	Sub-Sea	Sample	Sub-Sea	Sample	Log
Heebner	3390	-1488	3390	-1488	3388	-1488	0	0
Toronto	3404	-1502	3404	-1502	3402	-1502	0	0
Douglas	3432	-1530	3430	-1528	3429	-1529	-1	1
Brown Lime	3540	-1638	3539	-1637	3540	-1640	2	3
Lansing	3564	-1662	3565	-1663	3564	-1664	2	1
Base KC	3844	-1942	3843	-1941	3844	-1944	2	3
Viola	3970	-2068	3974	-2072	3970	-2070	2	-2
Simpson Shale	4088	-2186	4086	-2184	4082	-2182	-4	-2
Simpson Sand	4092	-2190	4092	-2190	4086	-2186	-4	-4
Arbuckle	4168	-2266	4166	-2264	4167	-2267	1	3
Total Depth	4250	-2348	4246	-2344	4251	-2351		

ROCK TYPES

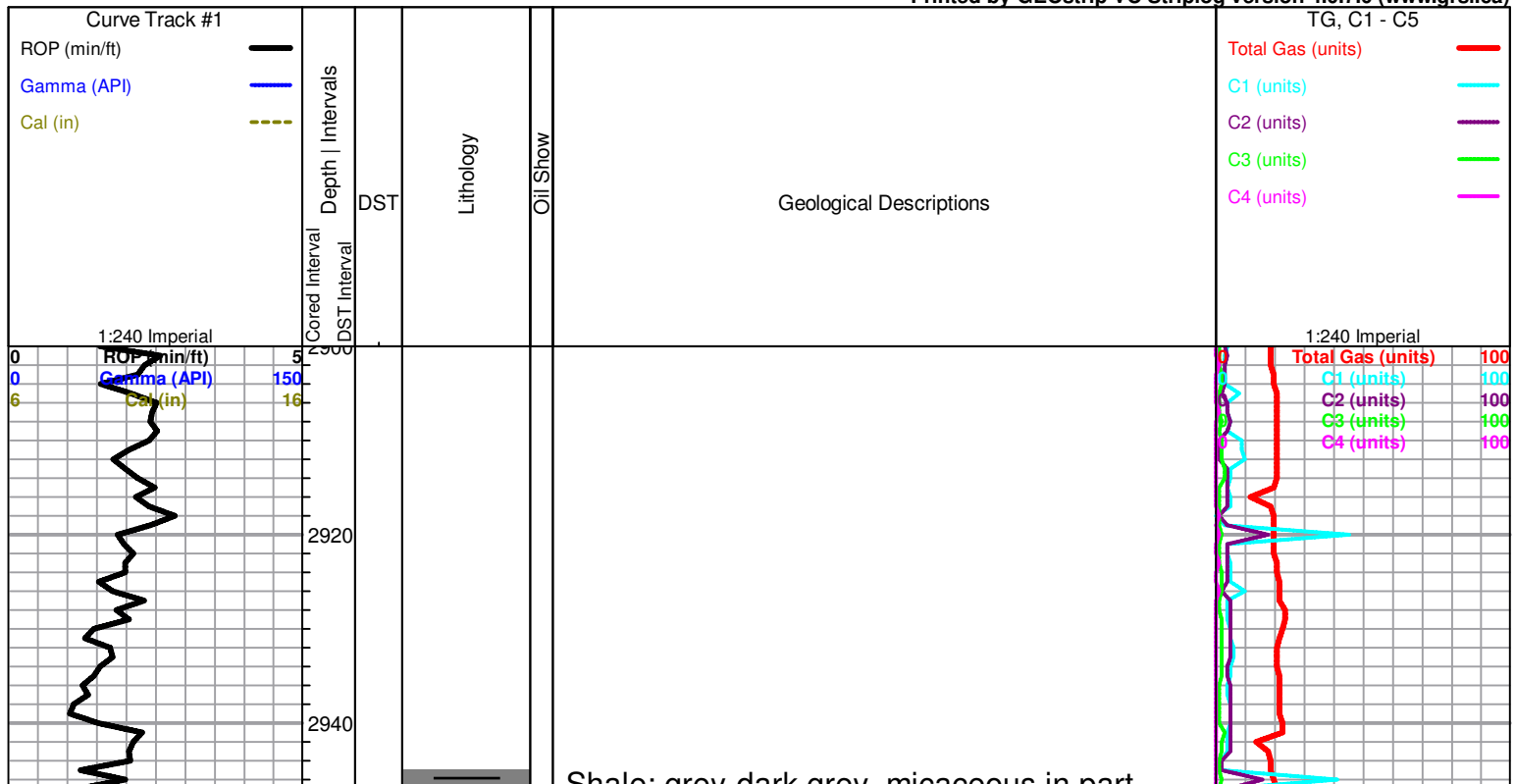
 Cht	 Dolsec	 shale, grn	 Carbon Sh	 Ss
 Chtcongl	 Lmst fw7>	 shale, gry	 shale, red	

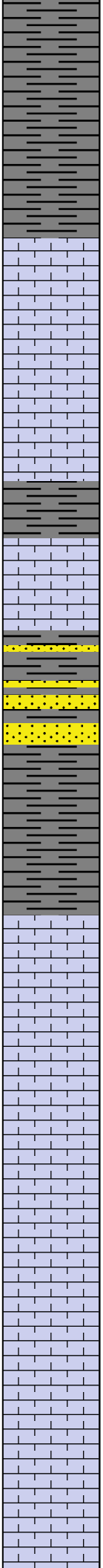
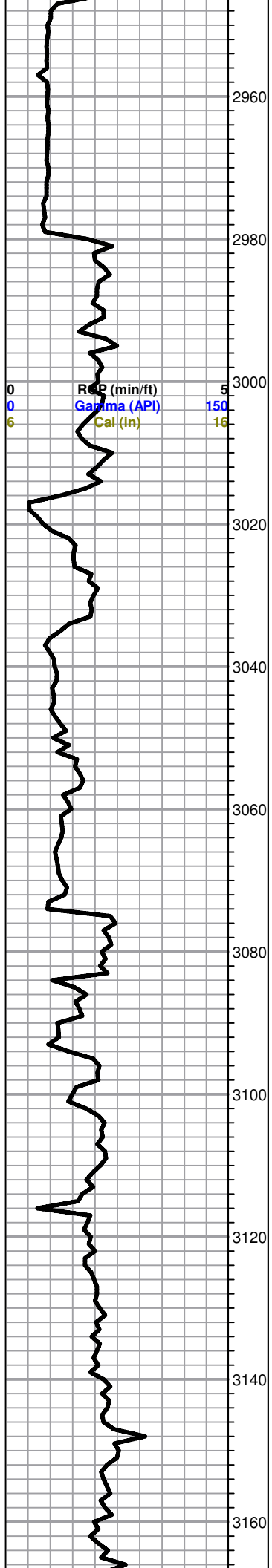
OTHER SYMBOLS

DST

-  DST Int
-  DST alt
-  Core
-  tail pipe

Printed by GEOstrip VC Striplog version 4.0.7.0 (www.grsi.ca)





Shale; grey-dark grey, micaceous in part, soft, silty

Sand; lt. grey, very fine grained, micaceous, sub angular, friable, no shows

Shale; as above

HOWARD 2979 (-1077)

Limestone; cream, fine xln, chalky, dense, fossiliferous in part, poor visible porosity, no shows

Limestone; cream-grey, fine xln, fossiliferous in part, dense, slightly chalky

Shale; grey-greyish green, micaceous, silty in part

Sand; grey-lt. grey, very fine grained, micaceous, sub angular, friable, questionable trace gas bubbles, very faint odor, NSFO

Shale and Sand as above

TOPEKA 3074 (-1172)

Limestone; cream-tan-buff, fine xln, dense, cherty, fossiliferous, poor visible porosity, no shows

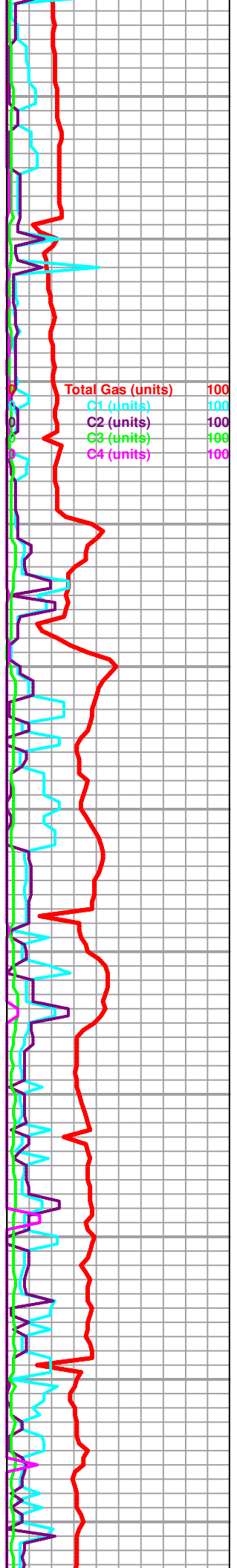
Limestone; cream, fine xln, chalky in part, dense, few cherty pieces, fossiliferous, poor porosity, no shows

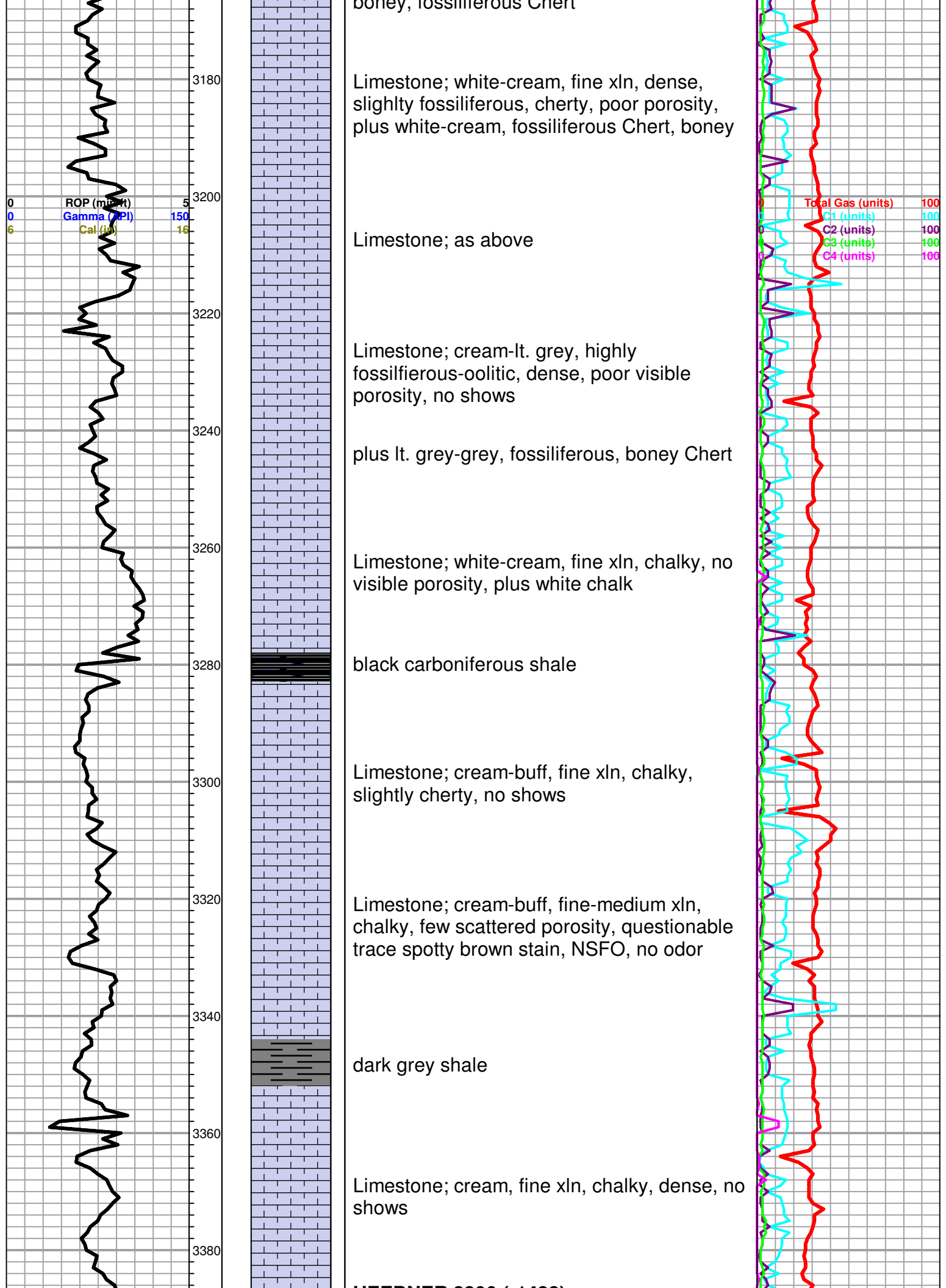
Limestone; cream-grey, fine-medium xln, fossiliferous in part, few nodules, no shows

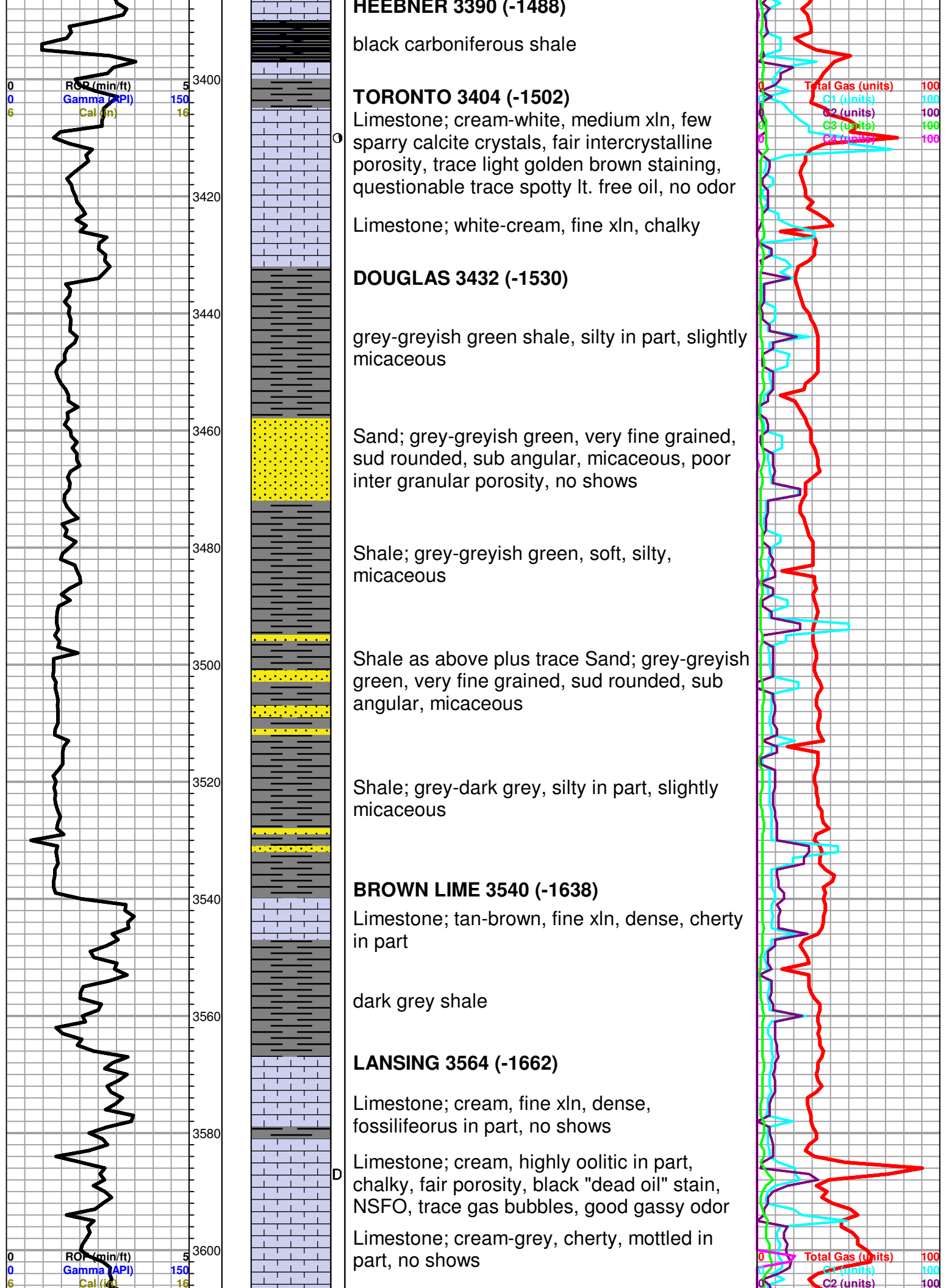
Limestone; white-cream, fine xln, chalky, slightly oolitic in part, fossiliferous, few cherty pieces, plus white chalk

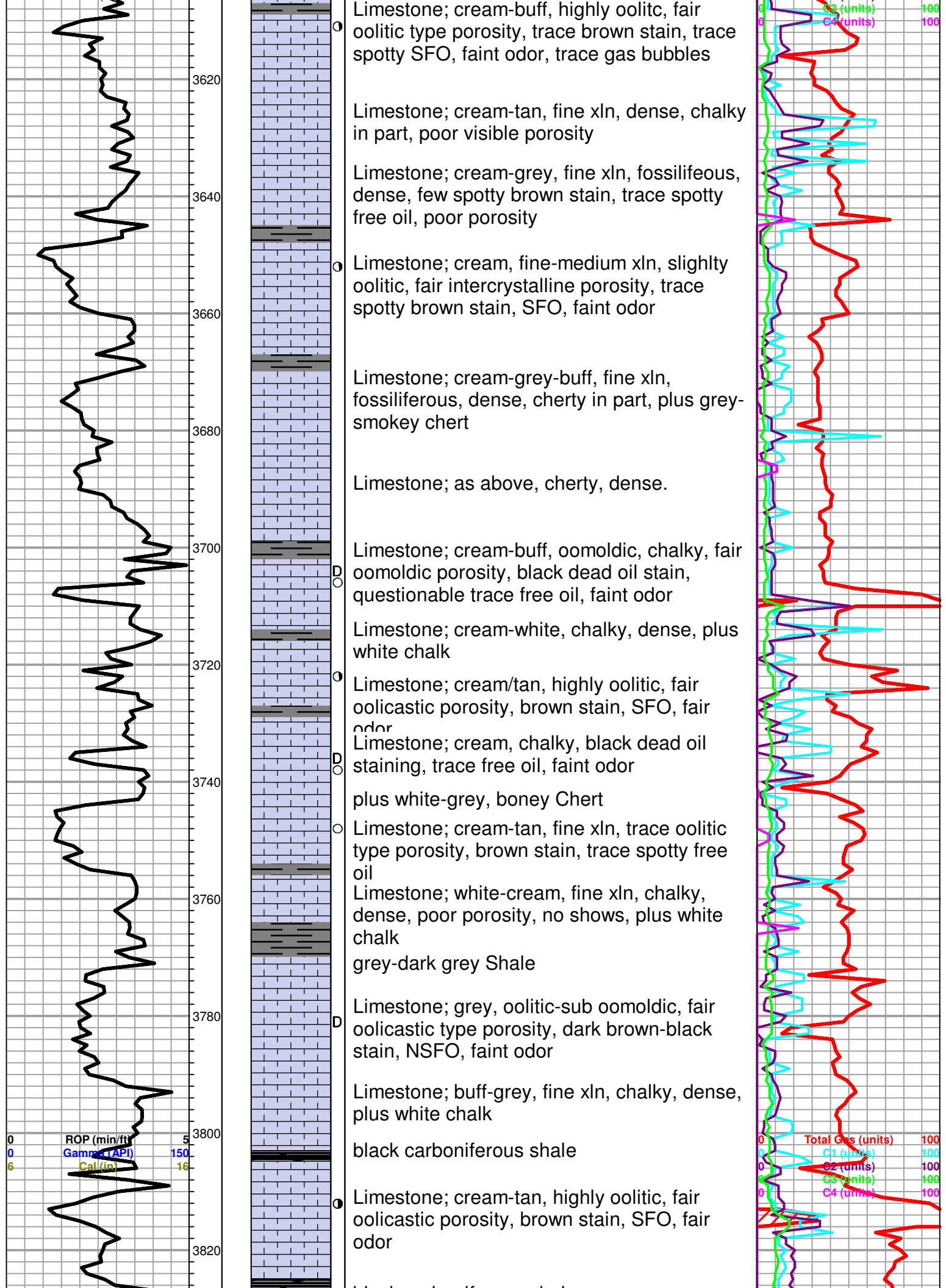
Limestone; as above, plus white-cream, honey, fossiliferous Chert

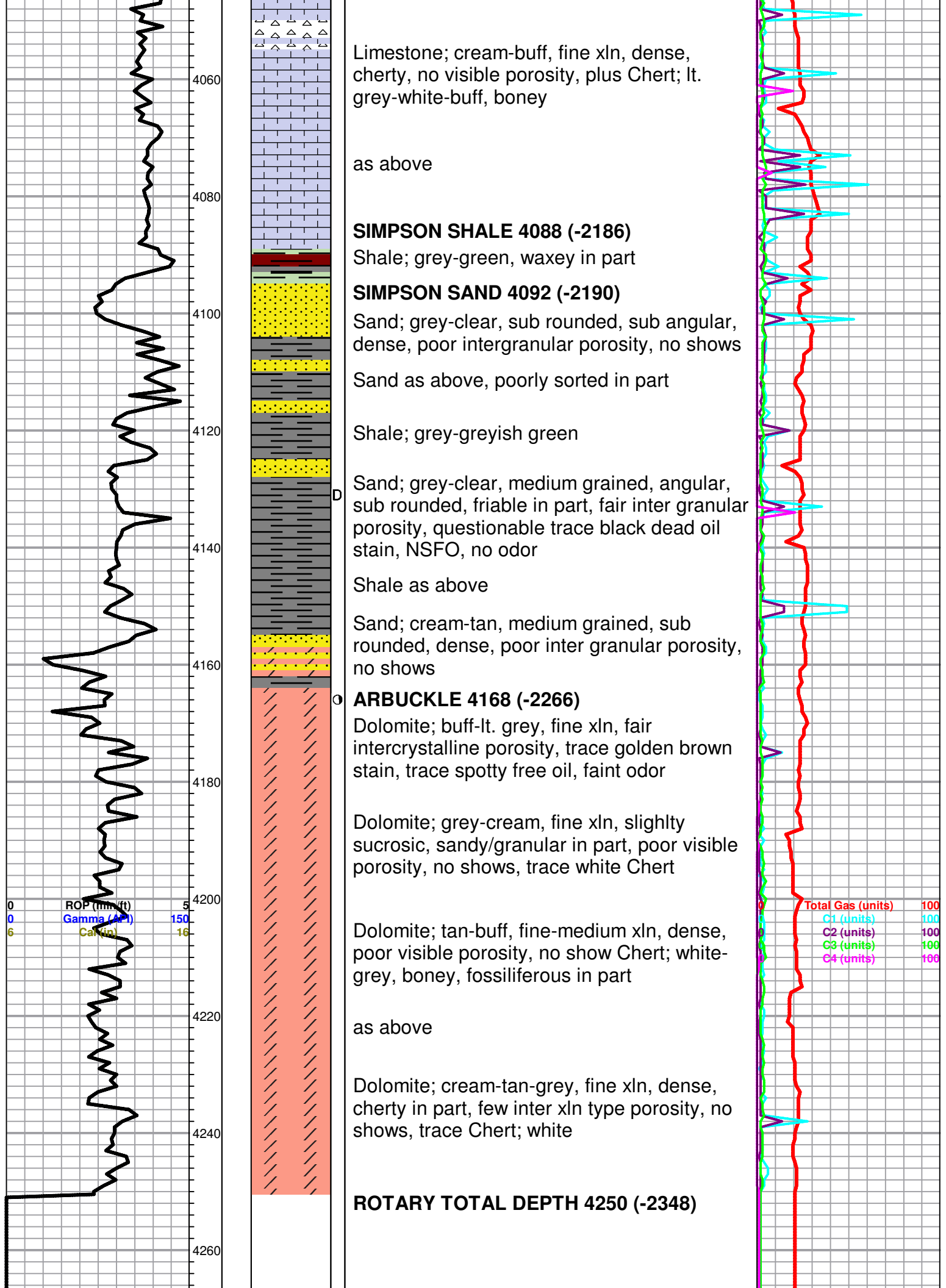
Total Gas (units) 100
 C1 (units) 100
 C2 (units) 100
 C3 (units) 100
 C4 (units) 100











BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Rama Operating Co Inc</i>		Lease No.		Date <i>12/15/16</i>	
Lease <i>Austin</i>		Well # <i>1-5</i>			
Field Order # <i>14876 A</i>	Station <i>Pratt KS</i>	Casing <i>5 7/8 14 1/2</i>	Depth <i>4747'</i>	County <i>Stafford</i>	State <i>KS</i>
Type Job <i>5 1/2 Long string</i>	Formation			Legal Description	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 7/8 14 1/2</i>				Pre Pad		Max		5 Min.
Depth <i>4747'</i>	Depth	From	To	Pad		Min		10 Min.
Volume <i>103.67</i>	Volume	From	To	Frac		Avg		15 Min.
Max Press <i>2000</i>	Max Press	From	To			HHP Used		Annulus Pressure
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To	Flush		Gas Volume		Total Load
Plug Depth	Packer Depth	From	To					

Customer Representative <i>Kenly Givens</i>			Station Manager <i>Kevin Gaudley</i>			Treater <i>Scott Givens</i>		
Service Units	<i>38950</i>	<i>78987</i>	<i>86775</i>	<i>54950</i>	<i>19860</i>			
Driver Names	<i>Scott</i>	<i>Michael</i>	<i>—</i>	<i>Josh</i>	<i>—</i>			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
<i>6:15</i>					<i>On Location Safety Meeting Pump</i>
<i>7:45</i>					<i>Run Flood Equipment Tubing 8, 9, 12, 15, 19</i>
<i>9:20</i>					<i>Break Circulation</i>
<i>10:10</i>	<i>250</i>			<i>5</i>	<i>Pump 1170 Spool</i>
<i>10:11</i>	<i>250</i>		<i>5</i>	<i>5</i>	<i>Pump 500 gallons Mud Flush</i>
<i>10:13</i>	<i>200</i>		<i>12</i>	<i>5</i>	<i>Pump 1170 Spool</i>
<i>10:14</i>	<i>150</i>		<i>5</i>	<i>4</i>	<i>Mix 150 lbs AAZ 15 1/2</i>
<i>10:27</i>	<i>8</i>		<i>37.9</i>		<i>Shut down</i>
<i>10:30</i>					<i>Wash pump & lines clean</i>
<i>10:32</i>				<i>4.5</i>	<i>Release Plug start displacement</i>
<i>10:50</i>	<i>300</i>		<i>75</i>	<i>4.5</i>	<i>1/1 Pressure</i>
<i>10:56</i>	<i>110</i>		<i>20</i>	<i>3</i>	<i>Reduce Rate</i>
<i>11:00</i>	<i>750</i>		<i>6</i>	<i>3</i>	<i>Plug landed</i>
<i>11:00</i>	<i>1500</i>				<i>Increase Pressure on Plug</i>
<i>11:06</i>	<i>1500</i>				<i>Shut down Pressure Hold</i>
<i>11:02</i>	<i>0</i>				<i>Release Pressure no reduces</i>
<i>11:10</i>	<i>0</i>		<i>8</i>	<i>3</i>	<i>Plug Red hole</i>
<i>11:15</i>	<i>0</i>		<i>6</i>	<i>3</i>	<i>Plug Mouse hole</i>
<i>11:20</i>					<i>Shut down</i>
<i>11:26</i>					<i>Wash up Pump</i>
<i>11:30</i>					<i>Job Complete</i>

Customer RAMA OPERATING CO INC	Lease No.	Date 11-29-16
Lease AUSTIN	Well # 1-5	
Field Order # 14693	Station PRATT	Casing 8 5/8
		Depth 298
Type Job 242 8 5/8 SURFACE	Formation	County STAFFORD
		State KI
		Legal Description 3-25-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8	Tubing Size	Shots/Ft		Acid 300 SKJ	60/40 POZ	RATE	PRESS	ISIP
Depth 294.5	Depth	From	To	Pre Pad 2% gel	Max 350 cc	1/4 H cr		5 Min.
Volume 18.7	Volume	From	To	Pad	Min			10 Min.
Max Press 300	Max Press	From	To	Frac	Avg			15 Min.
Well Connection 5+V	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 269.5	Packer Depth	From	To	Flush 17.1	Gas Volume			Total Load

Customer Representative Robin Austin	Station Manager Kevin Cooldley	Treater Mike Mattai
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Service Units	37580	27463	70959	19862				
Driver Names	MATTAI	HANSU	EDDY					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
9:15					ON LOCATION / SAFETY MEETING
11:45					Ran 8 5/8 casing
12:41					Casing on bottom
12:50					Hook to casing / BREAK CIRC W. RIG
1:00	250		3	5.5	PUMP 3 bbl WATER
1:01	250		64	5.5	MIX 300 SKJ 60/40 POZ
1:17	250		-	6	START DISPLACEMENT
1:20	250		17.1		PLUG DOWN / SHUT IN WELL
					5 bbl CNT TO PIT