



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1325775
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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 SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- 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 ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

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
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1325775

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 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)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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6944
Field flt dec
6845

Received Time Oct. 30, 2016 4:44 AM No. 0047



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 51436
LOCATION G2 Barado
FOREMAN Fuzzy
API # 15-035-24665
FIELD TICKET & TREATMENT REPORT 00-90
CEMENT Invoice # 808917

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-25-16	1128	Jim # 2 SWD	1S	31S	4E	Cowley
CUSTOMER Altow Oil LLC			TRUCK #			
MAILING ADDRESS P.O. Box 117			DRIVER			
CITY Wamegan			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 6756			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 218' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 218' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 32.6 WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Dixon Bulg. P.S. up and break
circulation Pump 5 BBL water mix 13 SSKS Class 'A'
390 cc, 290 gel w/ 1/2# poly slake per SK. Displace 12 1/2
BBL and shut in.

Cement did circulate approx 5+ BBLs to pit
Thanks Fuzzy
+ crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
660002	45	MILEAGE	715	32175
660711	6.3 Tow	Tow Mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
665800A	13 SSKS	Class 'A'	20 ⁰⁰	2700 ⁰⁰
665965	250 #	Gel	130	75 ⁰⁰
665325	400 #	CC	125	500 ⁰⁰
666075	75 #	Poly Slake	2 ⁰⁰	150 ⁰⁰
sub total				5906 ⁷⁵
discount 4%				2658 ⁰³
sub total				3248 ⁷²
SALES TAX				127.15
ESTIMATED TOTAL				3375.87

AUTHORIZATION [Signature] TITLE _____ DATE _____
 I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.
 P.01/1015 (FAX) 09:22 10/30/2016

Received Time Oct. 30, 2016 4:44 AM No. 0047
 6950 Field Hst/chr
 68249



PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

TICKET NUMBER 51437
 LOCATION GL DONADO
 FOREMAN Fuzzy

API # 15-035-24661-00-00
FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 808931

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-16	1128	Jim #2 SWD	15	315	4E	Cowley KS
CUSTOMER			TRUCK #			
A. Hov Oil Co.			603	DRIVER		TRUCK #
MAILING ADDRESS			775	DRIVER		
P.O. Box 117			637	DRIVER		
CITY			725	DRIVER		
Winfield			Fuzzy			
STATE		ZIP CODE				
KS		67156				

JOB TYPE Production HOLE SIZE 7 1/8 HOLE DEPTH 2290 CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 2282' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 10'
 DISPLACEMENT 59.07 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Diner Dmg. float equip. Cont #1-3-5.7
Backed #11 Pump 5 BBL water mix: 50SKS 70/30 pos 270500
2 Bbl w 5# Kolsoal & 1# phenosol per sk. Wash pump
and 15 nos. Drop plug and displace 55 BBL. Lift press 650*
head plug & 1250* float held

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1800 ⁰⁰	1800 ⁰⁰
CE0002	45	MILEAGE	712	32125
CE0711	6.6 dor	Tow mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
WS0553	5 hrs	80 vac water Truck	100 ⁰⁰	500 ⁰⁰
WKG159	3000 gal	City water	.02	60 ⁰⁰
CE5846	150 SKS	70/30 pos	16 ⁰⁰	2475 ⁰⁰
CE5965	250*	Gel	.30	75 ⁰⁰
CE5325	250*	Calcium chloride	1.25	312 ⁵⁰
CE6077	750*	Kolsoal	.50	375 ⁰⁰
CE6079	150*	Pheno-seal	1.35	202 ⁵⁰
CE8483	1	5 1/2 - AFO float shoe	585 ⁰⁰	585 ⁰⁰
CE8254	1	5 1/2 - hatchdown Plug & Assy	400 ⁰⁰	400 ⁰⁰
CE8554	4	5 1/2 - Centralizers	81 ⁰⁰	324 ⁰⁰
CE8651	1	5 1/2 - Baskets	385 ⁰⁰	385 ⁰⁰
sub total				8535 ⁰⁰

SCANNED

discount 10% 3841⁰⁰
 sub total 46946⁰⁰

SALES TAX 195⁰⁵
 ESTIMATED TOTAL 4889.12

AVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE _____