

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) (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	Alton Oil LLC
Well Name	GODFREY 2
Doc ID	1325774

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	3060-3090	1000 Gallons 10% MCA	3060-3090
		500 barrels versa gel 18,000 lbs gel	



CONSOLIDATED
Oil Well Services, LLC

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

API # 15-035-24659-00-00
6766 Field Hard doc
6663

TICKET NUMBER 51421
LOCATION EL Dorado
FOREMAN Fuzzy

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice # 808686

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-29-16	1128	Godfrey #2	16	30S	5E	Cowley
CUSTOMER Alton Oil LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS Box 117			603	Tracy		
CITY STATE ZIP CODE Winfield KS 67156			711	Jeremy		
			725	Fuzzy		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 220' CASING SIZE & WEIGHT 8 5/8 220'
 CASING DEPTH 220' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 36.3 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Dixon Drlg. Rig up and pump 5 BBL water mix 150 SKS CLASS 'A' 390cc 2 Fogel w 1/2 # poly flake. Displace 12 3/4 BBL and shut in.

Cement did circulate approx 5+ BBLs do pig.

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
LE0002	25 miles	MILEAGE	7.15	178.75
CE0711	7 ton	Ton Mileage Delivery (min)	660 ⁰⁰	660 ⁰⁰
CC5800A	150 SKS	CLASS 'A'	20 ⁰⁰	3000 ⁰⁰
CC5325	450 #	Calcium Chloride	1 ⁰⁰	450 ⁰⁰
CC5965	300 #	Gel	.30	90 ⁰⁰
CC6075	75 #	Poly. flake	2 ⁰⁰	150 ⁰⁰
		subtotal		6028.75
		less discount 45%		2712.93
		sub total		3315.82
		SALES TAX		136.99
		ESTIMATED TOTAL		3452.81

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.



CONSOLIDATED
Oil Well Services, LLC

6804
Field ticket date
6702

TICKET NUMBER 51406
LOCATION: 180
FOREMAN Jacob Storm

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

FIELD TICKET & TREATMENT REPORT
CEMENT **Invoice # 808772**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-4-16	1128	Godfrey # 2	16	30	SE	Cowley
CUSTOMER Atton oil						
MAILING ADDRESS Po Box 117						
CITY Winfield		STATE KS	ZIP CODE 67156			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		760	Chris			
		611	Jack			
		577	Jacob			

JOB TYPE long string HOLE SIZE 77/8 HOLE DEPTH 3218 CASING SIZE & WEIGHT 5 1/2
CASING DEPTH 3217 DRILL PIPE N/A TUBING N/A OTHER _____
SLURRY WEIGHT 14.5 lb SLURRY VOL 32.93 WATER gal/sk _____ CEMENT LEFT in CASING 7ft Shoe Joint
DISPLACEMENT 76.6l DISPLACEMENT PSI 750 MIX PSI 300 RATE 6 bpm

REMARKS: Salty meating, Ran pipe centralizer on Joints 1,3,5,15
Basket on Joint 10, land pipe, circulate on Bottom for
45 min, pump 5 bbl water, 500 gal mud flush, 5 bbl water, mix
12.5 sls base mix 5/8 kol-seal 11b pheno, wash pump and
hincs, Reliese plug, displace, 76.6 bbl landing plug at
1250 psi check float, float held Job complete

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0452	1	PUMP CHARGE	2300.00	2300.00
CE0002	45	MILEAGE	7.15	321.75
CE0711	1	min bulk delivery	660.00	660.00
CC5800A	10126 125	Class A	20.00	2500.00
CC5325	200	calcium chloride	1.25	250.00
CC5965	400	gel	1.30	120.00
CC6077	650	kol-seal	1.50	325.00
CC6079	125	pheno-seal	1.35	168.75
CP8254	1	5 1/2 hatch down plug	400.00	400.00
CP8485	1	5 1/2 AFw Float Shoe	585.00	585.00
CP8576	4	5 1/2 Sband turbalizer	110.00	440.00
CP8651	1	5 1/2 Recip Basket	360.00	360.00
CC6125	10127 500	mud flush	1.65	325.00
			Subtotal	8755.50
			45%	3939.98
			total	4815.52
			SALES TAX	208.22
			ESTIMATED TOTAL	5,018.74

SCANNED

Ravin 3737

AUTHORIZATION: Mike R... 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.