

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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CONSOLIDATED
Oil Well Services, LLC

7061 / 1001

TICKET NUMBER 50337
LOCATION Ottawa KS
FOREMAN Fred Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 209046

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-17-16	2890	Dart et al # 4-20	2D	27	16	10L
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Domestic Energy Partners			712	Fred Mader		
MAILING ADDRESS			495	Har Bog		
P.O. Box 296			558	Ar/Med		
CITY	STATE	ZIP CODE				
Frederonia	Ks	66226				

JOB TYPE long string HOLE SIZE 1 3/4 HOLE DEPTH 1313 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1303 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 20.7 BA DISPLACEMENT PSI 100-400 MIX PSI 100 RATE 48 BPM

REMARKS: Hold safety meeting. Load 4 1/2" casing w/ water. Mix Pump
 200# Bentonite Gel flush. Mix Pump 150 sks Thixo Blend II
 Cement w/ 5# Kol Seal & 1/4" Pheno seal/sk. Flush pump & lines
 clean. Displace 4 1/2" Rubber plug to casing TD. Pressure
 to 900# PSI. Release pressure & set float valve. Shut in
 casing.

Customer Supplied Water.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	65 mi	MILEAGE	495	464.25
CE0711	Minimum	Tom Miles Delivery	558	660.00
		Sub Total		2624.25
		Less 50%		-1312.13
				1312.12
10571 CE5861	150 sks	Thixo Blend II		4050.00
CC5965	200#	Bentonite Gel		60.00
CC6077	750#	Kol Seal		375.00
CC6079	38#	Pheno Seal		51.20
CP 278	1	4 1/2" Rubber Plug		75.00
		Sub Total		4611.20
		Less 50%		-2305.60
				2305.60
			6.5%	SALES TAX
				ESTIMATED
				TOTAL
				149.87
				3767.90
				(7535.78)

Revin 3797

AUTHORIZATION _____

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.



M.O.K.A.T. DRILLING
Office Phone: (620) 879-5377

P.O. Box 590
Caney, KS 67333

Operator		CHEROKEE WELLS LLC		Well No.	4-20		Lease	DART ET AI		Loc.	1/4	1/4	1/4	Sec.	20	Twp.	27	Rge,	16E										
Job No.		Casing Used		39 1/2" 8 5/8"		Bit Record		Type/Well		Depth		Hours		Date Started		Date Completed													
Driller		Cement Used				Bit No.		Type		size		From		To		Bit No.		type		Size		From		To		%		Rec.	
Driller		Rig No.								6 3/4"																			
Driller		Hammer No.																											

Formation Record

From	To	Formation	From	To	Formation	From	To	Formation	From	To	Formation
0	39	SURFACE	685		GAS TEST SAME						
39	139	SHALE	697	724	SHALE			T.D. 1313'			
139	160	LIME	724	726	COAL						
160	165	LIMEY SHALE	726	750	LIME						
165	190	SANDY SHALE	750	780	SHALE						
190	201	SHALE	780	798	LIME						
201	248	LIME (OIL ODOR)	798	805	BLK SHALE						
248	259	SHALE	805	809	LIME						
259	260	COAL	809	814	BLK SHALE						
260	266	SHALE	814	815	LIME						
266	270	SANDY SHALE	805		GAS TEST SAME						
270	281	SHALE	814		GAS TEST SAME						
281	282	COAL	815	829	SAND (GAS ODOR)						
282	303	SHALE	829	844	SHALE						
303	312	LIME	844	860	SAND (GAS ODOR)						
312	343	LIMEY SHALE	860	970	SHALE						
343	385	LIME	862		GAS TEST (3.5# 1/4")						
385	396	BLK SHALE	970	980	SAND						
396	408	LIME	980	1004	SHALE						
408	444	SHALE	1004	1005	COAL						
444	456	LIME	1005	1020	SHALE						
456	468	SHALE	1020	1028	SANDY SHALE						
461	468	GAS TEST 1.5# 1/4"	1028	1029	COAL						
468	495	LIME	1029	1050	SHALE						
495	594	SHALE	1050	1052	COAL						
594	608	LIME	1052	1064	SHALE						
608	618	SHALE	1064	1186	SAND (OIL ODOR)						
618	634	LIME	1186	1187	COAL						
634	640	SHALE	1187	1198	SHALE						
640	650	SANDY SHALE	1198	1210	MISS CHAT						
650	657	SAND	1210	1313	LIME						