

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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Confidentiality Requested:

Yes No

CONFIDENTIAL 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: _____



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1307421
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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Form must be Signed
All blanks must be Filled

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OPERATOR: License # _____

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Phone: (_____) _____

CONTRACTOR: License # _____

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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

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- NE NW SE SW

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(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

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Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

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Chloride content: _____ ppm Fluid volume: _____ bbls

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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: _____

SM Oil & Gas, Inc.
P. O. Box 189
Skiatook, Oklahoma 74070
620-725-3200

March 7, 2016

Kansas Corporation Commission
Conservation Division
266 N. Main Street – Suite #220
Wichita, Kansas 67202-1513

Re: Fulsom B #9
API #15-019-27541-00-00
Cement Usage ACO-1

To Whom It May Concern:

SM Oil & Gas, Inc. buys quantities of Portland Type I cement, which comes on pallets of 35 sacks per pallet, for the companies usage. In this case, the required 10 sacks of cement were mixed by our own drilling rig personnel and used to properly install the surface casing.

An invoice showing the bulk quantity of cement is available if needed.

Thank you,



Thomas H. Oast
Area Manager

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. 2777
 Foreman KEVIN MCCOY
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-13-16	1180	Fulsom B #9				CQ	Ks
Customer <u>S M OIL & GAS INC.</u>			Safety Meeting	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 189</u>			Km	105	DAVE G.		
City <u>SKIATOOK</u>			DG	114	KEVIN M.		
State <u>OK</u>			SM	113	STEVE M.		
Zip Code <u>74070</u>			AM	140 T147	ALAN M.		
			GM	120 P.U.	GREG M.		

Job Type Longstring Hole Depth 2109' Slurry Vol. 65 BBL Lead 33 BBL TAIL Tubing _____
 Casing Depth 2105' Hole Size 7 7/8" & 12 1/4" Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 17* Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 50 BBL Displacement PSI 1250 Bump Plug to 1700 PSI BPM _____

Remarks: Safety Meeting: Rig up to 5 1/2 Casing. Use Pit water to wash down to TD of 2105'. Well Bore TD = 2109'. Pump 15 SKS Gel Finish w/ HULLS = 25 BBL, Pump 10 BBL water SPACER. Shut down. Rig up to Cement. Mixed 250 SKS 50/50 Pozmix Cement w/ 6% Gel, 2* PhenoSeal /SK @ 1 GAL = 65 BBL Slurry. TAIL IN w/ 125 SKS OWC Cement w/ 1* PhenoSeal @ 1 GAL = 33 BBL Slurry. Wash out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 50 BBL Fresh water. Final Pumping Pressure 1250 PSI. Bump Plug to 1700 PSI. wait 2 minutes. Release Pressure. Float Held. Shut in @ 0 PSI. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 204	250 SKS	50/50 Pozmix Cement	11.25	2812.50
C 206	1260 *	Gel 6%	.20 *	252.00
C 208	500 *	PhenoSeal 2*/SK	1.25 *	625.00
C 202	125 SKS	OWC Cement	19.15	2393.75
C 208	125 *	PhenoSeal 1*/SK	1.25 *	156.25
C 108 A	17 TONS	Ton Mileage BULK TRUCKS X 2	345.00	690.00
C 114	4 Hrs	Water Transport	110.00	440.00
C 224	5200 gals	City Water	10.00/1000	52.00
C 206	750 *	Gel Finish	.20 *	150.00
C 214	80 *	HULLS	.45 *	36.00
C 404	1	5 1/2 Top Rubber Plug	70.00	70.00
C 250	1	2 1/8 Float Collar	203.00	203.00
			Sub Total	9049.00
			Less 5%	< 481.14 >
			8.5% Sales Tax	513.79
				\$9141.65

Authorization Witnessed By - Joel Title _____ Total _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. 2789
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-19-16	1180	Fulson B #9				CA	KS	
Customer S M Oil & Gas Inc.			Unit #		Driver		Unit #	Driver
Mailing Address P.O. Box 189			102		Rick L.			
City SKIATOOK			113		Dave G.			
State OK								
Zip Code 74070								

Job Type TOP outside Hole Depth 2109' Slurry Vol. 26.5 BBL Tubing _____
 Casing Depth 2105' Hole Size 7 7/8 & 12 1/4" Slurry Wt. 13.9 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 17 # Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: RAN 1" Hydrill down ANNULUS OF 5 1/2 CASING IN 12 1/4" Hole. WASH down to FIRM Cement Top @ 333', Circulate w/ 40 BBL Fresh water to Clean up hole. Mixed 105 sks 50/50 Pozmix Cement w/ 4% Gel @ 13.9 #/gal yield 1.41 = 26.5 BBL SLURRY. Good Cement to SURFACE. Shut down. Pull 1" Tubing. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 101	1	Pump Charge	840.00	840.00
C 107	30	Mileage	3.95	118.50
C 204	105 sks	50/50 Pozmix Cement	11.25	1181.25
C 206	350 #	Gel 4%	.20 #	70.00
C 108A	4.41 Tons	Ton Mileage	M/C	345.00
C 118	330'	1" Rental, Elevator, Wash Head	M/C	200.00
			Sub Total	2754.75
			Less 5%	143.91
			8.5% Sales Tax	123.36
				2734.20

Authorization witnessed By Joel Title _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Summary of Changes

Lease Name and Number: Fulsom B 9

API/Permit #: 15-019-27541-00-00

Doc ID: 1338884

Correction Number: 2

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Additional Type And Percent Additive		4% Gel
Amount of Surface Pipe Set and Cemented at	40	42
Approved Date	09/02/2016	02/23/2017
CasingAdd_Type_PctPDF_2	6% KCL	6% Gel
CasingNumbSacksUsedPDF_2	480	375
Cementing Depth Base 1		333
Cementing Depth Top 1		0
Cementing Purpose Protect Casing	No	Yes
CementingDepth1_PDF	-	0-333
Contractor License Number	99975	35116

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Contractor Name	COMPANY SERVICING TOOLS	SM Oil & Gas, Inc.
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Used on lease	No	2/22/2017 Yes
Field Name		Leniton
Fracturing Question 1	No	Yes
Fracturing Question 2		No
If Alternate II Completion - Cement Circulated From		2105
If Alternate II Completion - Cement Circulated To		0
If Alternate II Completion - Sacks of Cement		480
Method Of Completion - Perf	No	Yes
Number Of Sacks Used for Cementing / Squeezing- Line 1		105
Operator's Contact Name	Skylar Miller	Stan Miller, Sr.
Operator's Phone	396-3020	629-2151

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Perf_Depth_1		2042 - 2052
Perf_Material_1		20K Frac Sand, 500 Bbl H2O
Perf_Record_1		2042 - 2052
Perf_Shots_1		2
Plug Back Total Depth		2105
Producing Formation	Wayside	Mississippi
Producing Method Pumping	No	Yes
Production - Barrels Oil		2
Production - Barrels of Water		60
Production Interval #1		Mississippi 2042 - 2052
Purchaser's Name		CVR
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1316050	../../../../kcc/detail/operatorEditDetail.cfm?docID=1338884
Type Of Cement Used for Cementing / Squeezing - Line 1		50/50 POZ

Summary of changes for correction 2 continued

Field Name	Previous Value	New Value
Wellsite Geologist	n/a	None

Summary of Attachments

Lease Name and Number: Fulsom B 9

API: 15-019-27541-00-00

Doc ID: 1338884

Correction Number: 2

Attachment Name