

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1347522  
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
-----------------------------------	-----------------	---

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: \_\_\_\_\_

1347522

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
--	---

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Downing-Nelson Oil Co Inc
Well Name	MCCLELLAN 1-21
Doc ID	1347522

Tops

Name	Top	Datum
Top Anhydrite	1717'	+543
Base Anhydrite	1750'	+510
Topeka	3219'	-959
Heebner	3429'	-1169
Toronto	3452'	-1192
LKC	3466'	-1206
BKC	3687'	-1427
Arbuckle	3789'	-1529



# SWIFT Services, Inc.

DATE <i>2-24-17</i>	PAGE NO. <i>1</i>
TICKET NO. <i>29976</i>	

OWNER <i>Rowling &amp; Nelson</i>		WELL NO. <i>1-21</i>		LEASE <i>McClellan</i>		JOB TYPE <i>Shallow Surface</i>		
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>1630</i>							<i>On location</i>
								<i>8 5/8 csg</i>
								<i>Rtd - 222</i>
								<i>pipe - 221</i>
	<del><i>1810</i></del>							
	<i>1815</i>							<i>START Running Csg</i>
	<i>1900</i>							<i>Break circ on bottom</i>
	<i>1910</i>	<i>5</i>	<i>5</i>					<i>pump wtr spacer</i>
		<i>5</i>	<i>37</i>			<i>300</i>		<i>pump CMT - 150 sks @ 14.7 ppg</i>
	<i>1930</i>	<i>3</i>	<i>12.5</i>			<i>400</i>		<i>Disp CMT</i>
								<i>Circulated 30 sks CMT to pit</i>
								<i>Job Complete</i>
								<i>Thanks</i>
								<i>David, Tom H, &amp; John J.</i>





## DRILL STEM TEST REPORT

Prepared For: **Downing-Nelson Oil Co Inc**

PO Box 1019  
Hays KS 67601

ATTN: Ron Nelson , Marc Do

**McClellan #1-21**

**21-9s-21w Graham,KS**

Start Date: 2017.03.01 @ 05:50:11

End Date: 2017.03.01 @ 11:51:35

Job Ticket #: 64097                      DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2017.03.01 @ 15:07:09

Downing-Nelson Oil Co Inc  
21-9s-21w Graham,KS  
McClellan #1-21  
DST # 1  
Arbuckle  
2017.03.01



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Dow ning-Nelson Oil Co Inc

**21-9s-21w Graham,KS**

PO Box 1019  
Hays KS 67601

**McClellan #1-21**

Job Ticket: 64097

**DST#: 1**

ATTN: Ron Nelson , Marc Do

Test Start: 2017.03.01 @ 05:50:11

## GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 07:55:51

Time Test Ended: 11:51:35

Test Type: Conventional Bottom Hole (Initial)

Tester: Ray Schwager

Unit No: 77

**Interval: 3723.00 ft (KB) To 3795.00 ft (KB) (TVD)**

Reference Elevations: 2260.00 ft (KB)

Total Depth: 3795.00 ft (KB) (TVD)

2252.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

**Serial #: 8360**

**Inside**

Press@RunDepth: 721.70 psig @ 3729.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2017.03.01

End Date:

2017.03.01

Last Calib.:

2017.03.01

Start Time: 05:50:11

End Time:

11:51:35

Time On Btm:

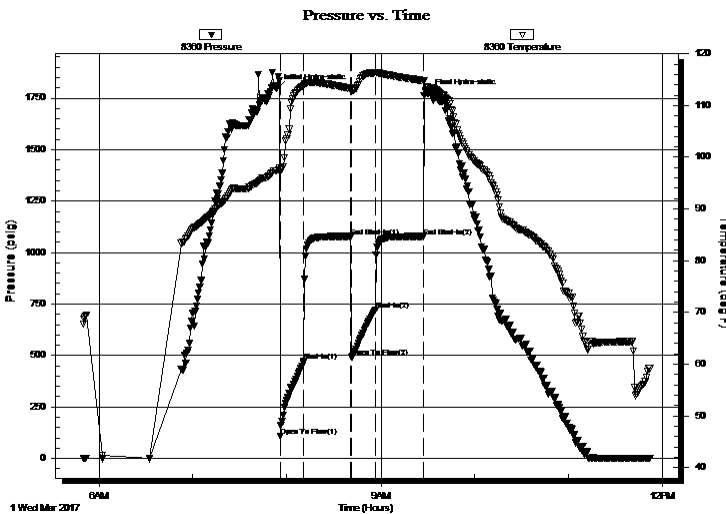
2017.03.01 @ 07:53:36

Time Off Btm:

2017.03.01 @ 09:30:36

TEST COMMENT: 15-IFP-BOB in 30 sec  
30-IFP-no bl  
15-FFP-BOB in 30 sec  
30-FSIP-no bl

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1797.33	97.43	Initial Hydro-static
3	107.32	97.19	Open To Flow (1)
18	470.11	113.90	Shut-In(1)
48	1078.45	113.28	End Shut-In(1)
48	491.94	113.06	Open To Flow (2)
63	721.70	116.32	Shut-In(2)
94	1077.81	114.78	End Shut-In(2)
97	1771.31	113.52	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
1295.00	Water	16.44
265.00	MW 40%M60%W	3.72

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)







**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**TOOL DIAGRAM**

Dow ning-Nelson Oil Co Inc

**21-9s-21w Graham,KS**

PO Box 1019  
Hays KS 67601

**McClellan #1-21**

Job Ticket: 64097

**DST#: 1**

ATTN: Ron Nelson , Marc Do

Test Start: 2017.03.01 @ 05:50:11

## Tool Information

Drill Pipe:	Length: 3465.00 ft	Diameter: 3.80 inches	Volume: 48.60 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 248.00 ft	Diameter: 2.70 inches	Volume: 1.76 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 50.36 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	11.00 ft			String Weight: Initial 55000.00 lb
Depth to Top Packer:	3723.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval betw een Packers:	72.00 ft			
Tool Length:	93.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

## Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3703.00	
Shut In Tool	5.00			3708.00	
Hydraulic tool	5.00			3713.00	
Packer	5.00			3718.00	21.00 Bottom Of Top Packer
Packer	5.00			3723.00	
Stubb	1.00			3724.00	
Perforations	5.00			3729.00	
Recorder	0.00	8360	Inside	3729.00	
Recorder	0.00	6751	Outside	3729.00	
Blank Spacing	33.00			3762.00	
Perforations	30.00			3792.00	
Bullnose	3.00			3795.00	72.00 Bottom Packers & Anchor

**Total Tool Length: 93.00**



**TRILOBITE**  
TESTING, INC.

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Dow ning-Nelson Oil Co Inc

**21-9s-21w Graham,KS**

PO Box 1019  
Hays KS 67601

**McClellan #1-21**

Job Ticket: 64097

**DST#: 1**

ATTN: Ron Nelson , Marc Do

Test Start: 2017.03.01 @ 05:50:11

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

26000 ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.59 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1295.00	Water	16.443
265.00	MW 40%M60%W	3.717

Total Length: 1560.00 ft      Total Volume: 20.160 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

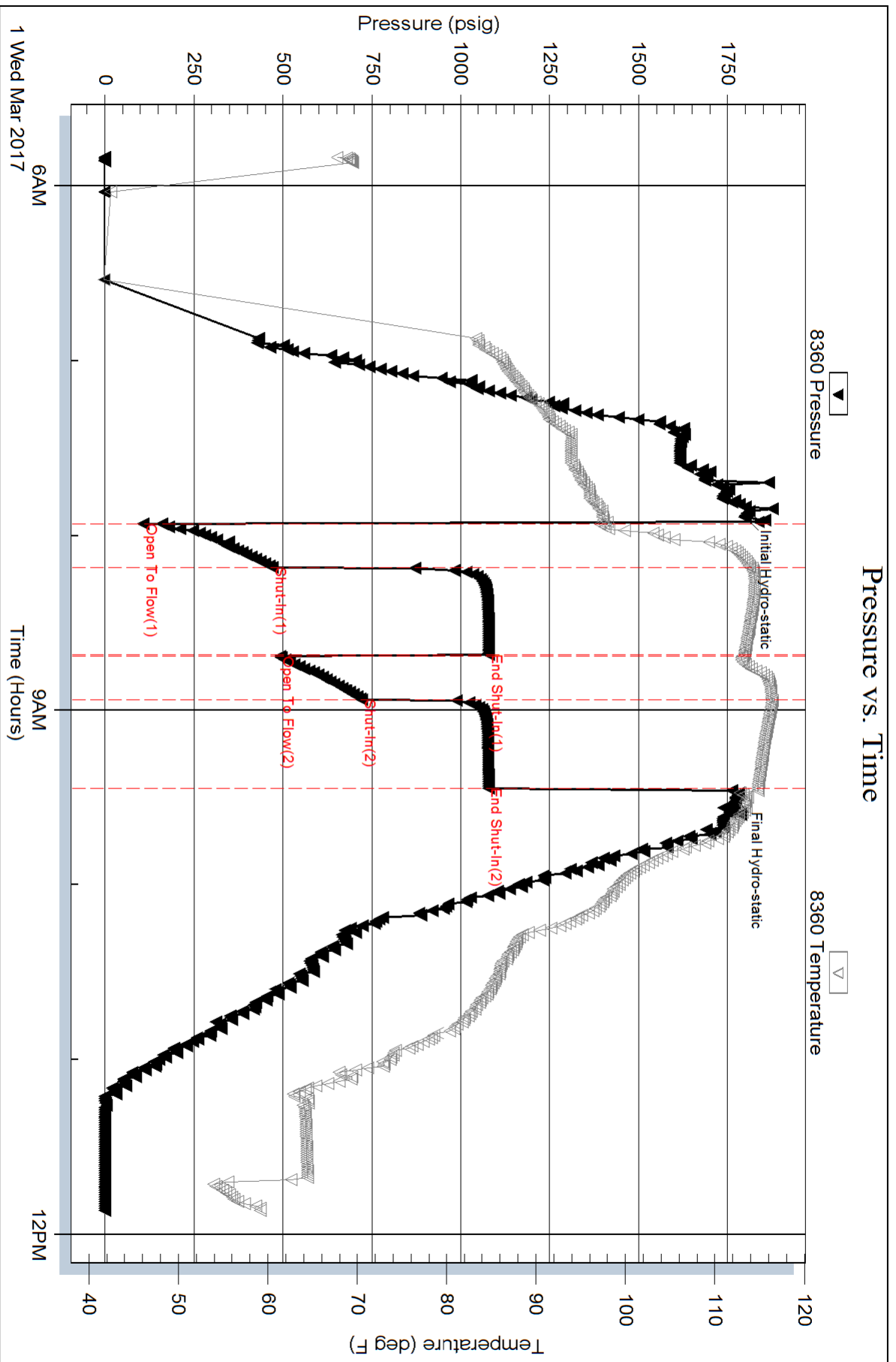
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW .3@60F

### Pressure vs. Time



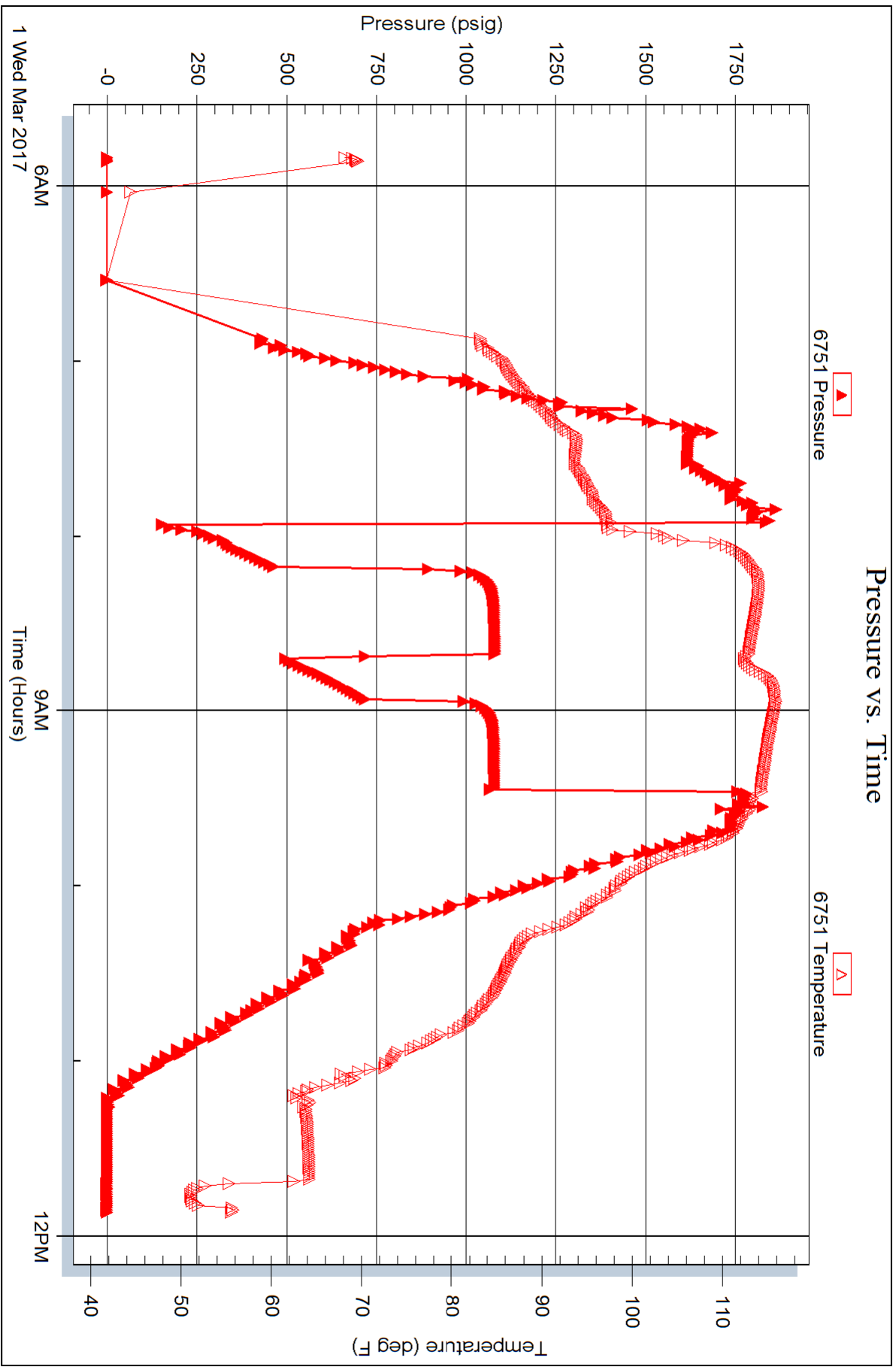
Serial #: 6751

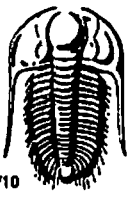
Outside

Dow nting-Nelson Oil Co Inc

McClellan #1-21

DST Test Number: 1





# TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

## Test Ticket

NO. 64097

Well Name & No. McClellan #1-21 Test No. 1 Date 3-1-17  
 Company Downing-Nelson Oil Co Inc Elevation 2260 KB 2252 GL  
 Address PO Box 1019 Hays, Ks 67601  
 Co. Rep / Geo. MARC DOWNING Rig Discovery rig 2  
 Location: Sec. 21 Twp. 9<sup>th</sup> Rge. 21<sup>st</sup> Co. GRAHAM State Ks

Interval Tested 3723-3795 Zone Tested Arbuckle  
 Anchor Length 72 Drill Pipe Run 3465 Mud Wt. 8.8  
 Top Packer Depth 3718 Drill Collars Run - Vis 58  
 Bottom Packer Depth 3723 Wt. Pipe Run 248 WL 7.6  
 Total Depth 3795 Chlorides 2000 ppm System LCM 1#

Blow Description TFP - BOB IN 30 sec.  
ISTP - NO BLOW  
FFP - BOB IN 30 sec  
FSTP - NO BLOW

Rec	Feet of	%gas	%oil	%water	%mud
<u>265</u>	<u>MW</u>			<u>60</u>	<u>40</u>
<u>1295</u>	<u>WATER</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 1560 BHT 114 Gravity - API RW .3 @ 60 °F Chlorides 26000 ppm

(A) Initial Hydrostatic <u>1797</u>	<input checked="" type="checkbox"/> Test <u>1050</u>	T-On Location <u>0310</u>
(B) First Initial Flow <u>107</u>	<input type="checkbox"/> Jars	T-Started <u>0550</u>
(C) First Final Flow <u>407</u>	<input type="checkbox"/> Safety Joint	T-Open <u>0755</u>
(D) Initial Shut-In <u>1078</u>	<input type="checkbox"/> Circ Sub	T-Pulled <u>0925</u>
(E) Second Initial Flow <u>491</u>	<input type="checkbox"/> Hourly Standby	T-Out <u>1151</u>
(F) Second Final Flow <u>721</u>	<input checked="" type="checkbox"/> Mileage <u>90 RT</u> 67.50	Comments
(G) Final Shut-In <u>1077</u>	<input type="checkbox"/> Sampler	
(H) Final Hydrostatic <u>1721</u>	<input type="checkbox"/> Straddle	<input type="checkbox"/> Ruined Shale Packer
Initial Open <u>15</u>	<input type="checkbox"/> Shale Packer	<input type="checkbox"/> Ruined Packer
Initial Shut-In <u>30</u>	<input type="checkbox"/> Extra Packer	<input type="checkbox"/> Extra Copies
Final Flow <u>15</u>	<input type="checkbox"/> Extra Recorder	Sub Total <u>0</u>
Final Shut-In <u>30</u>	<input type="checkbox"/> Day Standby	Total <u>1117.50</u>
	<input type="checkbox"/> Accessibility	MP/DST Disc't
	Sub Total <u>1117.50</u>	

Approved By \_\_\_\_\_ Our Representative RAY SCHWAGER *Thank you*

TriLOBITE TESTING Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

