

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	Black Star 231 Corp.
Well Name	SNYDER 5-17
Doc ID	1346666

All Electric Logs Run

Induction
porosity
deviation
micro

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



Cement or Acid Field Report
 Ticket No. **3170**
 Foreman KEVIN MCCOY
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
2-24-17	1069	Snyder # 5-17	1	15	14E	Nemaha	Ks	
Customer <u>BLACK STAR 231 Corp</u>			Unit #		Driver		Unit #	Driver
Mailing Address <u>STE 340 LIVESTOCK EXCHANGE Bldg 1600 SENESSEE</u>			105		DAVE G.			
City <u>KANSAS CITY</u>			113		ALAN M.			
State <u>Mo.</u>								
Zip Code <u>64102</u>								

Job Type P.T.A. New well Hole Depth 3630' Slurry Vol. _____ Tubing _____
 Casing Depth _____ Hole Size 7 7/8" Slurry Wt. _____ Drill Pipe 4 1/2
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: SAFETY Meeting: Big up to 4 1/2 DRILL pipe. Spot Cement Plugs As Following
15 SKS @ 3449' Top of Simpson
15 SKS @ 2510' HUNTON
15 SKS @ 1972' Cherokee
15 SKS @ 1345' KC
120 SKS 300' to SURFACE

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 103	1	Pump Charge	1050.00	1050.00
C 107	130	Mileage	3.95	513.50
C 205	180 SKS	60/40 Pozmix Cement	12.75	2295.00
C 206	620 #	GEL 4%	.20 #	124.00
C 108 B	7.74 TONS	Ton Mileage 130 Miles	1.35	1358.37
<u>THANK YOU</u>			Sub TOTAL	5340.87
			Less 5%	276.72
			Sales Tax	193.52
Authorization <u>Witnessed By Dave FARthing Title CONTRACTOR</u>			Total	5251.67

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. **3162**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
2-11-17	1089	Snyder #5-17	1	15	14E	Nemaha	Ks
Customer <u>BLACK STAR 231 CORP.</u>			Unit #	Driver		Unit #	Driver
Mailing Address <u>Livestock Exchange Bldg 1600 Genessee Ste 340</u>			105	DAVE G.			
City <u>KANSAS CITY</u>			112	ALAN M.			
State <u>Mo.</u>							
Zip Code <u>64102</u>							

Job Type SURFACE Hole Depth 262' G.L. Slurry Vol. 39 BBL Tubing _____
 Casing Depth 254.61' G.L. Hole Size 12 1/4" Slurry Wt. 15.2* Drill Pipe _____
 Casing Size & Wt. 8 5/8 23* Cement Left in Casing 15' Water Gal/SK _____ Other _____
 Displacement 16 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 8 5/8 casing. BREAK circulation w/ 8 BBL fresh water. Mixed 160 SKS CLASS 'A' Cement w/ 3% CaCl2, 2% Gel, 1/4" Flo-Seal @ 15.2*/gal = 39 BBL Slurry. Displace w/ 16 BBL fresh water. Shut casing in. Good Cement Returns to Surface = 12 BBL Slurry to Pit. 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	130	Mileage	3.95	513.50
C 200	160 SKS	CLASS 'A' Cement	15.00	2400.00
C 205	450 *	CaCl2 3%	.60 *	270.00
C 206	300 *	Gel 2%	.20 *	60.00
C 209	40 *	Flo-Seal 1/4"*/sk	2.25 *	90.00
C 108 A	7.52 TONS	Ton Mileage	M/c	1000.00
<u>THANK you</u>			Sub TOTAL	5173.50
<u>M</u>			Less 5%	269.96
8.0%			Sales Tax	225.60
Authorization <u>Witnessed By Dave Farthing</u> Title <u>Contractor Three Rivers Exploration</u>			Total	5129.14

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