

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1353688
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
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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: _____

1353688

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 50177
LOCATION Ottawa
FOREMAN Alan Mader

Invoice # 81005

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-17	7381	ABC SB-3	SE 22	17	22	Mi
CUSTOMER S+B Operating			TRUCK # DRIVER TRUCK# DRIVER			
MAILING ADDRESS 9393 W 110th Ste 500			730 - Alan Mader Safety Meet			
CITY STATE ZIP CODE Overland Park KS 66210			368 - Alan Mader			
JOB TYPE <u>long string</u> HOLE SIZE <u>6 1/4</u> HOLE DEPTH <u>382</u> CASING SIZE & WEIGHT <u>2 7/8</u>			369 - Mik Hag			
CASING DEPTH <u>357</u> DRILL PIPE _____ TUBING _____ OTHER _____			804 - Kei Car			
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>yes</u>			DISPLACEMENT <u>2.09</u> DISPLACEMENT PSI <u>800</u> MIX PSI <u>200</u> RATE <u>4 bpm</u>			
REMARKS: <u>Held meeting. Established rate. Mixed & pumped 100# gel followed by 59 sacks Per Blend I-A plus 2% gel & 1/2# Phenoseal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.</u>						

McLean Drilling

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	368	1500.00
CE0002	25	MILEAGE	368	178.75
CE0711	1/3 min.	ten miles	804	220.00
WE0853	1 hr	80vac	369	100.00
		Sub		1998.75
		less 58%		1159.28
				839.47
CC3840	59 sk	Per Blend I-A		796.50
CC3965	199#	gel		59.70
CC6079	30	Phenoseal		40.50
CP8176	1	2 7/8 plug		45.00
		Sub		941.70
		less 58%		546.19
				395.51
				316.4

Flavin 3737

AUTHORIZATION _____ TITLE _____ DATE 3015.79

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.



Operator:
 S&B Operating, LLC
 Overland Park, KS

ABC #SB-3

Miami Co., KS
 22-17S-22E
 API: 121-31336

Spud Date: 4/10/2017
Surface Casing: 7.0"
Surface Length: 22.0'
Surface Cement: 4 sx
Longstring: 2 7/8 EUE

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 359.9'
Longstring Date: 4/11/2017

Driller's Log

Top	Bottom	Formation	Comments
0	2	Soil	
2	10	Clay & gravel	
10	12	Lime	
12	21	Shale	
21	27	Lime	
27	63	Shale	
63	78	Lime	
78	87	Shale	
87	111	Lime	
111	116	Shale	
116	118	Bl. Shale	
118	144	Lime	
144	148	Shale	
148	160.5	Lime	
160.5	165	Shale	Limey
165	300	Shale	
300	328.5	Sand	See below
328.5	336	Lime	
336	345	Shale	Limey
345	382	Shale	
382		TD	
			300-313 Laminated sand, slight odor
			313-318 Mostly sand, fair bleed
			318-319 Lime
			319-324 Good sand, good oil bleed
			324-328 Some shale laminations, good bleed of free oil
Run	Core Depth	Rec.	
1	307-327	20'	