

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 Recompletion Date _____ 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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Form	ACO1 - Well Completion
Operator	Bickle Energies LLC
Well Name	FISCHER 34 W UNIT 1
Doc ID	1352048

Tops

Name	Top	Datum
Anhy Top	3027	297
Anhy Base	3066	258
Tarkio	3876	-552
Topeka	3972	-657
Heebner	4157	-833
Toronto	4194	-870
Lansing	4212	-888
BKC	4490	-1166
U.Pawnee	4585	-1261
L. Pawnee	4622	-1298
Ft. Scott	4652	-1328
Chk. Shale	4682	-1358
Chk. Sand	4722	-1398
Miss	?	?
RTD	4806	-1479
LTD	No E-Log	No E-Log

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Home Office P.O. Box 32, Russell, KS 67665

No. 141

Phone 785-483-2025

Cell 785-324-1041

Date	4.6.17	Sec.	34	Twp.	S	Range	37	County	Cherokee	State	KS	On Location		Finish	615A
Location													Barnston N corner SW 1/4 T10		

Lease Fischer Unit Well No. 34-1 Owner To Quality Oilwell Cementing, Inc.

Contractor L.D. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.

Type Job Rotary Plug Charge To Buckle Energy

Hole Size 7 7/8 T.D. 4806 Street _____ City _____ State _____

Csg. _____ Depth _____ The above was done to satisfaction and supervision of owner agent or contractor

Tbg. Size _____ Depth _____ Cement Amount Ordered 240 60/40 4/6 1/4 #77

Tool _____ Depth _____ Cement Left in Csg. _____ Shoe Joint _____

Meas Line _____ Displace _____ Common 144

EQUIPMENT
Pumptrk 20 No. Cementer David Helper David Poz. Mix 96

Bulktrk _____ No. Driver David Gel 9

Bulktrk 15 No. Driver David Calcium _____

JOB SERVICES & REMARKS
Remarks _____ Hulls _____

Rat Hole 30SK Salt _____

Mouse Hole _____ Flowseal 60W

Centralizers _____ Kol Seal _____

Baskets _____ Mud CLR 48 _____

D/V or Port Collar _____ CFL 117 or CD110 CAF 38 _____

1st 3045 50SK Sand _____

2nd 2130 100SK Handling 149

3rd 435 50SK Mileage _____

4th 40 10SK **FLOAT EQUIPMENT**

Guide Shoe 8 7/8 D/V 11/16 plug

Centralizer _____

Baskets _____

AFI Inserts _____

Float Shoe _____

Latch Down _____

Pumptrk Charge plug Tax _____

Mileage 60 Discount _____

Signature _____ Total Charge _____

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 126

Date	3-21-17	Sec.	34	Twp.	S	Range	37	County	Cherokee KS	State	KS	On Location		Finish	2:00 p.m.
Location								Brewster 100 Coline 4 1/2 mi Ninte							

Lease	Fischer 34 W Unit	Well No.		Owner	To Quality Oilwell Cementing, Inc.
Contractor	L-D Drilling	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Type Job	Surface	Charge To	Buckle Energy		
Hole Size	12 1/4	T.D.	389	Street	
Csg.	8 5/8	Depth	386	City	
Tbg. Size		Depth		State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	20'	Shoe Joint		Cement Amount Ordered	250 80/20 3 1/2 CC 2 1/2 CC
Meas Line		Displace	23 1/4 BCL		

EQUIPMENT

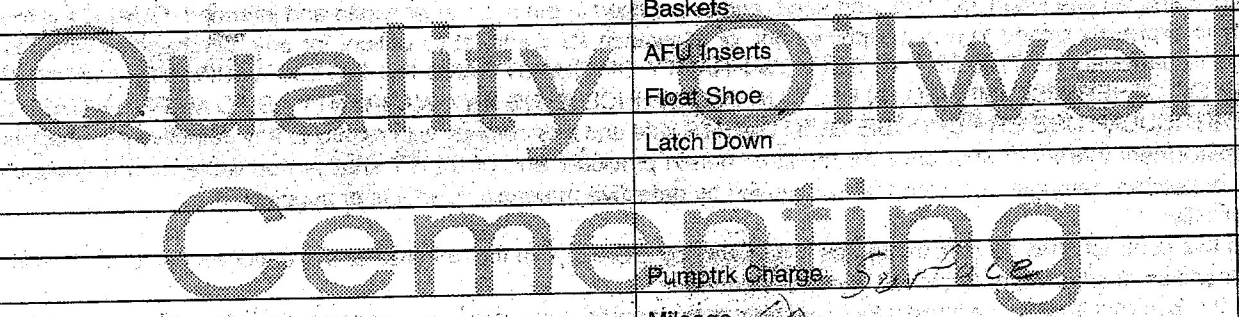
Pumptrk	20	No.	Cement Helper	Common	200
Bulktrk		No.	Driver	Poz. Mix	50
Bulktrk	26	No.	Driver	Gel.	5
Bulktrk		No.	Driver	Calcium	10

JOB SERVICES & REMARKS

Remarks:		Hulls	
Rat Hole		Salt	
Mouse Hole		Flowseal	
Centralizers		Kel-Seal	
Baskets		Mud CLR 48	
D/V or Port Collar		CFL-117 or CD110 CAF 38	
	8 5/8 on bottom for circulation	Sand	
	Mix 250 80/20 + Displace	Handling	60
	Cement Circulated	Mileage	

FLOAT EQUIPMENT

Guide Shoe	
Centralizer	
Baskets	
AFU Inserts	
Float Shoe	
Latch Down	



Pumptrk Charge	Surface	Tax	
Mileage	60	Discount	
Signature	<i>[Signature]</i>	Total Charge	



DRILL STEM TEST REPORT

Prepared For: **Bickle Energies LLC**

PO. Box 816
Hays, KS 67601

ATTN: Gareth Dinkel

Fischer 34 W Unit #1

34-5s-37w Cheyenne,KS

Start Date: 2017.03.27 @ 14:07:00

End Date: 2017.03.27 @ 21:14:30

Job Ticket #: 64988 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

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

Printed: 2017.04.04 @ 09:28:13



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Bickle Energies LLC

34-5s-37w Cheyenne,KS

PO. Box 816
Hays, KS 67601

Fischer 34 W Unit #1

Job Ticket: 64988

DST#: 1

ATTN: Garet Dinkel

Test Start: 2017.03.27 @ 14:07:00

GENERAL INFORMATION:

Formation: **Pawnee**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 17:02:30

Time Test Ended: 21:14:30

Test Type: Conventional Bottom Hole (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: 4533.00 ft (KB) To 4605.00 ft (KB) (TVD)

Reference Elevations: 3327.00 ft (KB)

Total Depth: 4605.00 ft (KB) (TVD)

3319.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8734 Outside

Press@RunDepth: 26.80 psig @ 4534.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2017.03.27 End Date: 2017.03.27

Last Calib.: 2017.03.27

Start Time: 14:07:01 End Time: 21:14:30

Time On Btm: 2017.03.27 @ 16:55:30

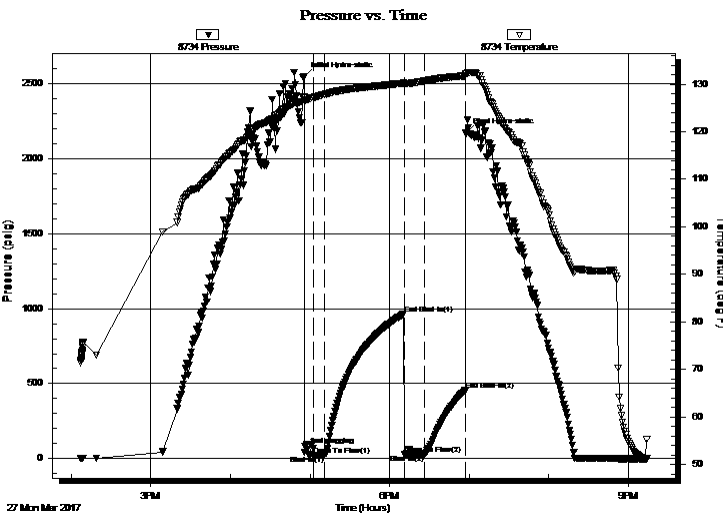
Time Off Btm: 2017.03.27 @ 18:57:30

TEST COMMENT: 15- IF- Surface blow built to 3/4"

60- IS- No blow

15- FF- No blow

30- FSI-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2550.35	127.28	Initial Hydro-static
1	42.05	126.45	tool plugging
7	23.31	127.18	Open To Flow (1)
16	23.30	127.85	Shut-In(1)
76	966.17	130.23	End Shut-In(1)
76	26.76	130.00	Open To Flow (2)
91	26.80	130.68	Shut-In(2)
122	457.63	131.76	End Shut-In(2)
122	2172.17	132.22	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	WCM 30% W,70% Mud	0.28

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Bickle Energies LLC

34-5s-37w Cheyenne, KS

PO. Box 816
Hays, KS 67601

Fischer 34 W Unit #1

Job Ticket: 64988

DST#: 1

ATTN: Garet Dinkel

Test Start: 2017.03.27 @ 14:07:00

Tool Information

Drill Pipe:	Length: 4525.00 ft	Diameter: 3.80 inches	Volume: 63.47 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 2.75 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 60000.00 lb
			<u>Total Volume: 63.47 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	20.00 ft			String Weight: Initial 48000.00 lb
Depth to Top Packer:	4533.00 ft			Final 48000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	72.00 ft			
Tool Length:	100.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
------------------	-------------	------------	----------	------------	----------------

Shut In Tool	5.00			4510.00	
Hydraulic tool	5.00			4515.00	
Jars	5.00			4520.00	
Safety Joint	3.00			4523.00	
Packer	5.00			4528.00	28.00 Bottom Of Top Packer
Packer	5.00			4533.00	
Stubb	1.00			4534.00	
Recorder	0.00	8322	Inside	4534.00	
Recorder	0.00	8734	Outside	4534.00	
Perforations	32.00			4566.00	
Change Over Sub	1.00			4567.00	
Drill Pipe	32.00			4599.00	
Change Over Sub	1.00			4600.00	
Bullnose	5.00			4605.00	72.00 Bottom Packers & Anchor

Total Tool Length: 100.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Bickle Energies LLC

34-5s-37w Cheyenne,KS

PO. Box 816
Hays, KS 67601

Fischer 34 W Unit #1

Job Ticket: 64988

DST#: 1

ATTN: Garet Dinkel

Test Start: 2017.03.27 @ 14:07:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.54 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	WCM 30% W,70% Mud	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

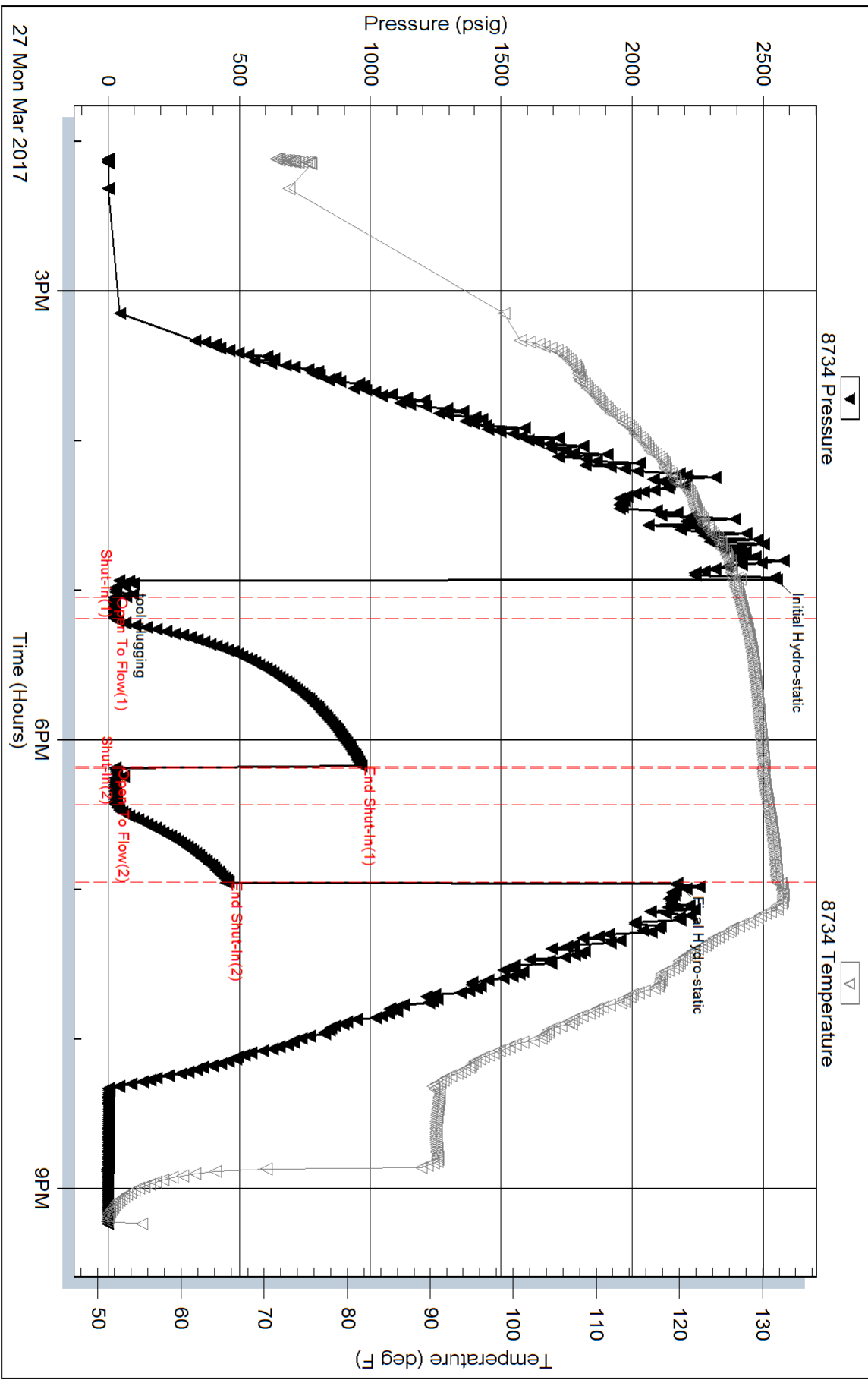
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time



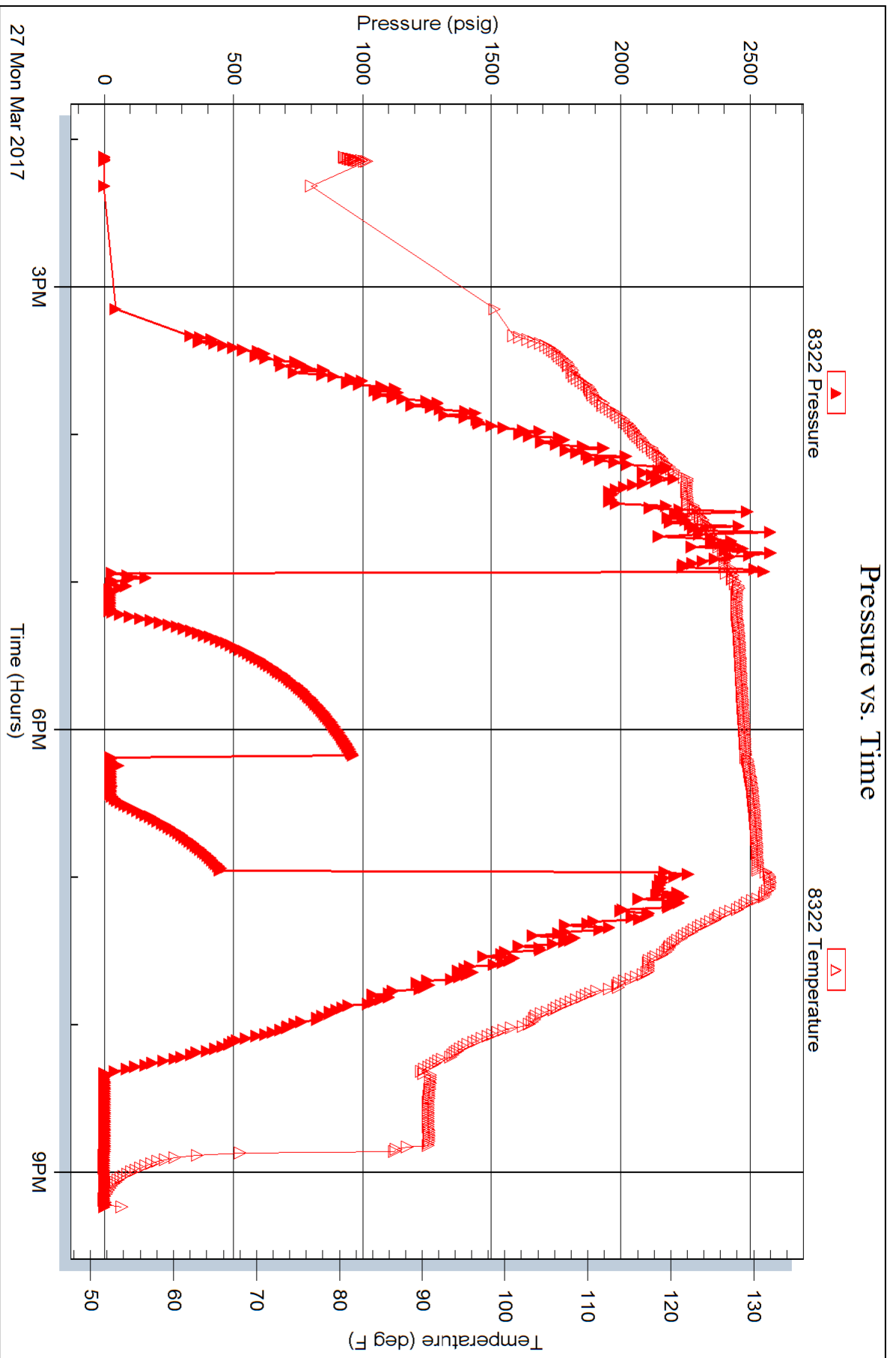
Serial #: 8322

Inside

Bickle Energies LLC

Fischer 34 W Unit #1

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. **64988**

Well Name & No. ~~La-D-Fisher~~ Fisher - Unit 34-1 Test No. 1 Date 3-27-17
 Company Bickle Energies LLC. Elevation 3327 KB 3319 GL
 Address P.O. Box 816 Hays, KS 67601
 Co. Rep / Geo. Garet Dinkel Rig L.O. Rig #1
 Location: Sec. 34 Twp. 5S Rge. 37W. Co. Cheyenne State KS

Interval Tested 4533-4605 Zone Tested Pawnee
 Anchor Length 72' Drill Pipe Run 4525 Mud Wt. 9.5
 Top Packer Depth 4528 Drill Collars Run — Vis 58
 Bottom Packer Depth 4533 Wt. Pipe Run — WL 9.6
 Total Depth 4605 Chlorides 3000 ppm System LCM 2#
 Blow Description IF: S.B. built to 3/4"
ISI: No blow
FF: No blow
FSI: No blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>20'</u>	<u>WCM</u>		<u>30</u>	<u>70</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

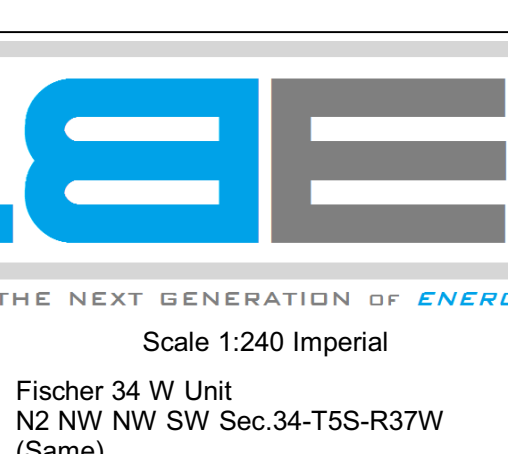
Rec Total 20 BHT 132 Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2550 Test 1150 T-On Location 12:27
 (B) First Initial Flow 56 Jars 250 T-Started 14:07
 (C) First Final Flow 23 Safety Joint 75 T-Open 16:56
 (D) Initial Shut-In 966 Circ Sub _____ T-Pulled 18:56
 (E) Second Initial Flow 49 Hourly Standby _____ T-Out 21:15
 (F) Second Final Flow 27 Mileage 133 RT x 2 199.50 Comments _____
 (G) Final Shut-In 458 Sampler _____ loaded tools 4/3 19:30
 (H) Final Hydrostatic 2172 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 4800
 Day Standby 6.5d 8.25h Total 1674.50
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1674.50

Approved By _____ Our Representative [Signature]

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.

785-639-2040



Scale 1:240 Imperial

Well Name: Fischer 34 W Unit
Location: N2 NW NW SW Sec.34-T5S-R37W
Surface Location: (Same)
Bottom Location: (Same)
API: 15-023-21462
License Number: 320203-1
Spud Date: 4/5/2017
Region: Cheyenne County
Completed: 4/5/2017
Time: 7:00 AM
Drilling Interval: 350.00ft
Surface Coordinates: 2425' FSL & 330' FWL
Bottom Hole Coordinates: (Same) & (Same)
Ground Elevation: 3319.00ft
K.B. Elevation: 330.00ft
Ground Interval: 350.00ft
Total Depth: 4806.00ft
Formation: FLSH
Drilling Fluid Type: Chemical/Fresh Water Gel

OPERATOR

Company: Bickie Energies, LLC.
Address: P.O. Box 816
Hays, Kansas 67601
Contact Geologist: Garet Dinkel
Contact Well Nbr: Fischer 34 W Unit
Location: N2 NW NW SW Sec.34-T5S-R37W
API: 15-023-21462
Pool: Wildcat
State: Kansas
Field: Wildcat
Country: USA

SURFACE CO-ORDINATES

Well Type: Vertical
Longitude: -101.4684905
Latitude: 39.5750014
N/S Co-Ord: 2425' FSL
E/W Co-Ord: 330' FWL

LOGGED BY

Company: Jet Exploration, LLC.
Address: 640 S Lightner Drive
Wichita, KS 67218
Phone Nbr: 785-623-1009
Logged By: Geologist
Name: Garet Dinkel

CONTRACTOR

Contractor: L.D. Drilling, Inc.
Rig #: m
Rig Type: mud rotary
Spud Date: 3/20/2017
TD Date: 4/5/2017
Rig Release: 4/5/2017
Time: 7:00 AM
Time: 5:00 PM
Time: 8:00 PM

ELEVATIONS

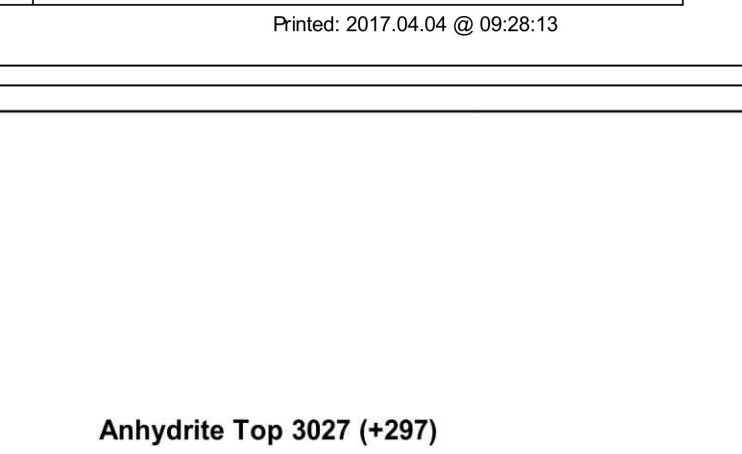
K.B. Elevation: 3307.00ft
K.B. to Ground: 8.00ft
Ground Elevation: 3319.00ft

NOTES

Due to the negative results of DST #1 the lack of additional significant shows, and potential loss circulation encountered after resuming drilling due to weather delays. It was decided by all parties to plug and abandon the Fischer 34W Unit-1.
Respectively submitted
Garet Dinkel

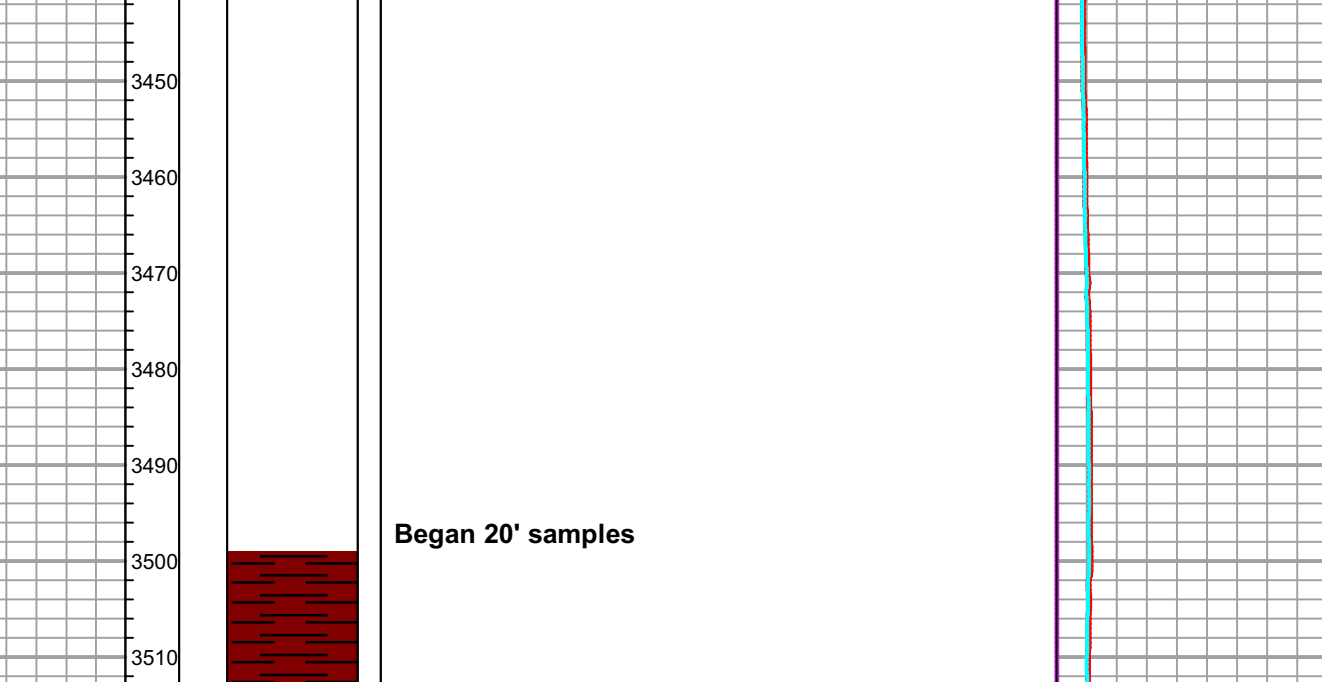
Operator: Bickie Energies, LLC. Well Name: Fischer 34 W Unit #1 API Number: 15-023-21462 Location: N2-NW-NW Sec.34 T5S-R37W County: Cheyenne State: Kansas Elevation: 3319 GL -3324 KB

Sample Tops table with columns: Formation, Depth, Datum, and values for various geological layers like Anhydrite Top, Topoka, Heebner, etc.

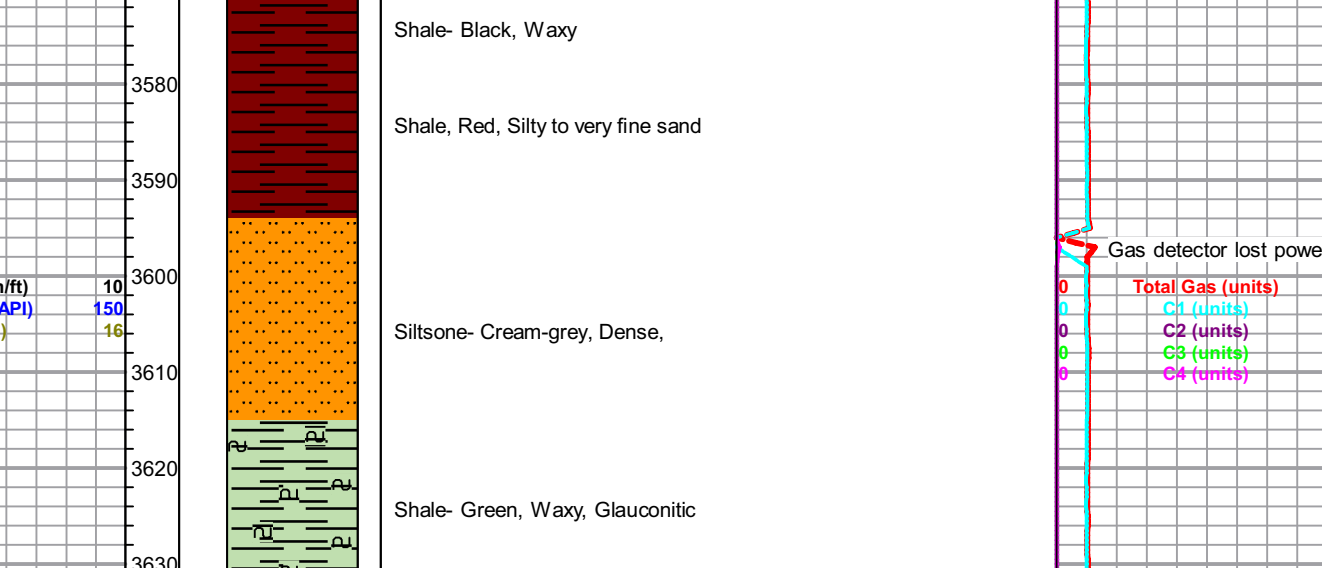


Reference well log tops table comparing elevations and datums for wells like Beaver Creek #35, Junior Magma 1, Lettner-1, and Fischer #C1#1.

DRILL STEM TEST REPORT header and general information including well name, location, and test details.



Recovery and Gas Rates tables with columns for length, volume, and pressure.



Rock types legend: shale, gm; shale, gry; shale, red; shale, red; Ss; Siltst.

Accessories and Other Symbols legend including stringer, texture, oil show, and DST symbols.

Main well log body with geological descriptions, lithology, and gas logs for various formations including Displace @ 3382, Tarkio 3876' (-552), Topoka 4622' (-1298), Heebner Shale 4157' (-833), Toronto 4194' (-870), Lansing 4212' (-888), Pawnee 4585' (-1261), Ft. Scott 4652' (-1328), Cherokee Sand 4682' (-1358), and BKC 4490' (-1166).