

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)</i> <i>(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	McGown Drilling, Inc.
Well Name	BOOTS 3
Doc ID	1353048

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	858-862	2500# 12/20	858-862



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 50173
LOCATION Ottawa
FOREMAN Alan Made

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
2-3-17	9999	Books 3	SW 5	23	18	AN	
CUSTOMER Jackman O:1			TRUCK #				
MAILING ADDRESS 1 West Mulberry			730	Als Mad	Safety	Meat	
CITY Colony			368	Ar Mad			
STATE KS			369	M:K Hsg			
ZIP CODE 66015			804	Har Bec			
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	920	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	912	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT	5.3	DISPLACEMENT PSI	800	MIX PSI	200	RATE	4 bpm
REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 114 sk Poz Blend II-A plus 29 gel 5# Kolseal & 1# Pheno seal per sack. Circulated cement. Flashed pump. Pumped plug to casing TP. Well held 800 PSI. Set flat.							

Jackman Drilling

Alan Made

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	min ton	804	610.00
WE0853	3	80 gal	368	300.00
		546		2638.75
		less 50%		1319.38
CL5842	114 sk	Poz Blend II		1681.50
CL5965	296 #	gel		88.00
CL6077	570 #	Kolseal		285.00
CL6079	114 #	Pheno seal		153.90
CP8176	1	2 7/8 plug		45.00
		5 sk total		2254.20
		less 50%		1319.38
		B.D		105.55
		SALES TAX		105.55
		ESTIMATED TOTAL		2552.03
		DATE		5073.29

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

DATE

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 fo

Jackman Oilfield Services
1 West Mulberry St.
Colony, KS 66015
620-852-3350

WELL LOG
Jackman Oilfield Services/McGown Drilling
Boots #3

January 29, 2017

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
38.00	Soil/clay	38.00
98.00	Lime	136.00
4.00	Shale	140.00
1.00	Lime	141.00
15.00	Shale	156.00
2.00	Lime	158.00
110.00	Shale	268.00
51.00	Lime	319.00
31.00	Shale	350.00
1.00	Lime	351.00
17.00	Shale	368.00
62.00	Lime	430.00
5.00	Shale	435.00
2.00	Coal	437.00
55.00	Lime	492.00
38.00	Shale	530.00
6.00	Sandy lime	536.00
74.00	Shale	610.00
1.00	Lime	611.00
48.00	Shale	659.00
69.00	Lime	728.00
35.00	Shale	763.00
5.00	Lime	768.00
19.00	Shale	787.00
3.00	Lime	790.00
5.00	Coal	795.00
12.00	Shale	807.00
10.00	Lime	817.00
7.00	Shale	824.00
13.00	Lime	837.00
10.00	Shale	847.00
1.00	Lime	848.00
6.00	Shale	854.00

3.00	Broken sand	857.00	Heavy bleed
22.00	Sand/Sandy shale	879.00	
7.00	Shale	886.00	
2.00	Sand	888.00	Decent bleed
32.00	Shale	920.00	TD

Drilled a 9 7/8" hole to 39.7'

Drilled a 5 7/8" hole to 920'

Set 40' of 7" surface casing cemented with 12 sacks of portland cement

Ran 911.30' of 2 7/8"

1 core

Cemented on 2/3/17

Boots #3