

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	Urban Oil and Gas Group LLC
Well Name	LYGRISSE A1X
Doc ID	1354857

All Electric Logs Run

CMT BOND
SEQUENTIAL FORMATION TESTER
HR ARRAY COMP INDUCT
SPECTRAL DENSITY DUAL SPACED NEUTRON
COMPOSITE
ARRAY COMP INDUCT

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Well Name	LYGRISSE A1X
Doc ID	1354857

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3290-95		3290-95
	3290-95	300 GALS 10% NEFE	3290-95



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
3-24-17		Lygrisse A1X	15	26	2	Sevier
CUSTOMER <u>Urban</u>			TRUCK #			
MAILING ADDRESS			446	DRIVER Jeremy	TRUCK #	DRIVER
CITY			713	Mark		
STATE			667	Jud		
ZIP CODE			557	Jacob		

JOB TYPE Long Sl HOLE SIZE 7 7/8 HOLE DEPTH 3400 CASING SIZE & WEIGHT 5 1/2
CASING DEPTH 3394 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.5-14.5 SLURRY VOL 111.3 WATER gal/sk _____ CEMENT LEFT in CASING 9 1/2 Slugs
DISPLACEMENT 78.5 DISPLACEMENT PSI 1250 MIX PSI 400 RATE 5.6 bpm

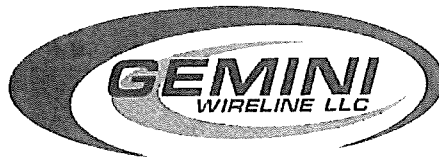
REMARKS: Softly meeting Run pipe to 3394, centralizer on 1-3-5-7-9-11-13-15-19-24-29-34-39-44-49 Baskets on 10-20-30-40 circulate with mud 45min, pump 10 bbl mud flush plug float hole with 25 slugs mouse hole with 15 slugs mix 100 slugs 60/40 6% gel 2% CL 5% kol-seal, 1% pheno-seal tail with 300 slugs class A 2% CL 3% gel 5% kol-seal 1% pheno-seal, displaced with 78.5 bbl landing plug at 175psi, check float, float hold.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0431	1	PUMP CHARGE	1900.00	1900.00
CE0002	2.0	MILEAGE	7.15	143.00
CE0711	2	min bulk deliv	660.00	1320.00
CCS800A	300	class A	20.00	6000.00
CCS830	100	60/40 6% gel	16.75	1675.00
CCS325	650	calcium chloride	1.25	812.50
CCS965	900	gel	1.30	270.00
CC6077	2000	kol-seal	.50	1000.00
CC6079	400	pheno-seal	1.35	540.00
CP8254	1	5 1/2 Latchdown slug	400.00	400.00
CP8485	1	5 1/2 AFL Float Slur	585.00	585.00
CP8554	0	5 1/2 centralizer	81.00	N/C
CP8576	15	5 1/2 turbolizer	110.00	1650.00
CP8651	4	5 1/2 Reciprocating Basket	350.00	1400.00
			Subtotal	17735.50
			-	8867.75
			total	8867.75
			SALES TAX	1077.93
			ESTIMATED TOTAL	9945.68

AFE # 490
10-850-18

AVIN 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 form.



TICKET

1023 Reservation Road • Hays, Kansas 67601 • (785) 625-1182

Date 3-29-17

Charge To: Urban Oil & Gas Group LLC

Address: _____

Lease and Well No. Lugrissa AIX Field Greenwich

Nearest Town Park City County Saline State KS

Customer's Order No. D. Franks Sec. 15 Twp. 26S Range 2E

Zero KB 9' AGL Casing Size 3.5' Weight _____

Customer's T.D. 3400 Gemini Wireline T.D. 3381' Fluid Level _____

Engineer L. Smith Operator Chris D

Perforations				
Code Reference	From	To	Number Of Holes	Amount
400	3290	3295	20	1400.00
Expendable gun 4"				1250.00
1				

Truck Rental			
Code Reference	Unit	File Name	Amount
100	T173		1500.00

Services					
Code Reference	From	To	No. Feet	Price Per Ft.	Amount
301.1	00	3381	3381	MIN	1530.00
301.2	3381	00	3381	MIN	1500.00
		CBL			
101		pull off			250.00
					7400.00

Material Inventory	

	Disc. price	2760.00
	Subtotal	
	Tax	New Well
	TOTAL	2760.00

Received the above service according to the terms and conditions specified below, which we have read and to which we hereby agree.

Customer: [Signature]

AFE = 490
10:850-25

General Terms and Conditions

- (1) All accounts are to be paid within the terms fixed by Gemini Wireline invoices and should these terms not be observed, interest at the rate of 1.5% per month will be charged from the date of such invoice. Interest, Attorney, Court, Filing and other fees will be added to accounts turned to collections.
- (2) Because of the uncertain conditions existing in a well which are beyond the control of Gemini Wireline, it is understood by the customer that Gemini Wireline, cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.
- (3) Should any of Gemini Wireline instruments be lost or damaged in the performance of the operations requested the customer agrees to make every reasonable effort to recover same, and to reimburse Gemini Wireline, for the value of the items which cannot be recovered, or the cost of repairing damage to items recovered.
- (4) It is further understood and agreed that all depth measurements shall be supervised by the customer or its employees and customer hereby certifies that the zones, as shot were approved.
- (5) The customer certifies that it has the full right and authority to order such work on such well and that the well in which the work is to be done by Gemini Wireline is in proper and suitable conditions for the performance of said work.
- (6) No employee is authorized to alter the terms or conditions of this agreement.