

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
--	---

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	BEREXCO LLC
Well Name	ROY 1-34
Doc ID	1356390

All Electric Logs Run

Gamma Ray Neutron Log
Bore Hole Compensated Sonic
Dual Induction
Radiation Guard Log

Form	ACO1 - Well Completion
Operator	BEREXCO LLC
Well Name	ROY 1-34
Doc ID	1356390

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4090-4094,4094-4095,4094-4096		4090-4096

PO 11-34 WT

GLOBAL OIL FIELD SERVICES, LLC

2920

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT:

Russell, KS

DATE 4-15-17	SEC. 34	TWP. 16	RANGE 21	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u> </u>	WELL #. 1-34	LOCATION McCracken, KS			COUNTY NESS	STATE KS	12 AM
OLD OR <u>NEW</u> (CIRCLE ONE)							

CONTRACTOR Beegeo Drilling Rig #2

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 780'

CASING SIZE 8 5/8 DEPTH

TUBING SIZE DEPTH 257.58 + 10' LT

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 20'

PERFS

DISPLACEMENT

OWNER

CEMENT AMOUNT ORDERED 200 SK GOM

3% cc 2% GSI

COMMON @

POZMIX @

GEL @

CHLORIDE @

ASC @

HANDLING @

MILEAGE @

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER Brian

417 HELPER Jason

BULK TRUCK

481 DRIVER Tan

BULK TRUCK

DRIVER

REMARKS:

Run in to 785 8 5/8 casing, calculate mud, mix 200 SK, wash up + displace with 15.75 BBL H2O, shut in @ 200 PSI, cement ~~150 SK~~ circulate 100

CHARGE TO: Beegeo

STREET

CITY STATE ZIP

Global Oil Field Services, LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mylo Santos

SIGNATURE Mylo Santos

SERVICE

DEPTH OF JOB

PUMP TRUCK CHARGE

EXTRA FOOTAGE @

MILEAGE @

MANIFOLD @

TOTAL

PLUG & FLOAT EQUIPMENT

@

@

@

@

@

TOTAL

SALES TAX (If Any)

TOTAL CHARGES

DISCOUNT IF PAID IN 30 DAYS

WELL FILE

GLOBAL OIL FIELD SERVICES, LLC

2867

REMIT TO 24 S. Lincoln Russell, KS 67665

SERVICE POINT: Russell

Form with fields: DATE (4-23-17), SEC (34), TWP (T6), RANGE (F1), CALLED OUT, ON LOCATION, JOB START, JOB FINISH, LEASE (Roy), WELL # (1-34), LOCATION (McCracken), COUNTY (Ness), STATE (KS), OLD OR NEW (NEW)

Form with fields: CONTRACTOR (Beredco), TYPE OF JOB (PROD. CSG 2 STAGE), HOLE SIZE (7 3/4), T.D. (4220), CASING SIZE (5 3/8), DEPTH (4221), TUBING SIZE, DRILL PIPE, TOOL, PRES. MAX., MEAS. LINE, CEMENT LEFT IN CSG. (877), PERFS, DISPLACEMENT (9813), EQUIPMENT, PUMP TRUCK #, CEMENTER (BILL), HELPER (JASON), BULK TRUCK #, DRIVER (Tom), BULK TRUCK #, DRIVER (CHRIS)

Form with fields: OWNER, CEMENT AMOUNT ORDERED (200 ml ASC w/ 4" #110 seal, 450 ml FC w/ 2" #10 seal), COMMON @, POZMIX @, GEL @, CHLORIDE @, ASC @, HANDLING @, MILEAGE @, TOTAL

REMARKS: D.U. Tool 1524, Pipe set c 4220-5000 ft 87', In seal c 4184, Cement bottom stage w/ 100ml lite c followed 150ml ASC, Pump plug w/ 64 bbbs w/ 36bbbs mud, hand plug @ 1500 F10 ethold, Open D.U. 900 cent w/ 3.00 lite, 50ml ASC, Pump plug w/ 36bbbs, Land plug @ 1500 TO @ 1500 CIRC, R.H. 30, m. 1420, Charge to: Beredco, LLC

Global Oil Field Services, LLC. You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

Form with fields: PRINTED NAME, SIGNATURE (Mason)

Form with fields: SERVICE, DEPTH OF JOB, PUMP TRUCK CHARGE, EXTRA FOOTAGE @, MILEAGE @, MANIFOLD @, TOTAL

Form with fields: PLUG & FLOAT EQUIPMENT, Basket 2 @, 100ml cement @, D.U. Tool @, Float shot @, TOTAL

Form with fields: SALES TAX (If Any), TOTAL CHARGES, DISCOUNT, IF PAID IN 30 DAYS