

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1359727
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: _____

1359727

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Pat Apple, Chairman
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

July 12, 2017

Steve Jones
Jones, Stephen C.
2332 W NEW ORLEANS
BROKEN ARROW, OK 74011

Re: ACO-1
API 15-031-24236-00-00
TRUELOVE 1B
SE/4 Sec.13-21S-13E
Coffey County, Kansas

Dear Steve Jones:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 02/28/2017 and the ACO-1 was received on July 12, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

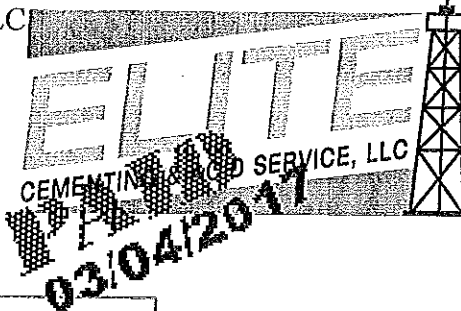
If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

Elite Cementing & Acidizing of KS, LLC

Eureka, KS 67045



Date	Invoice #
3/4/2017	3173

Bill To	
J&J Lateral Corp Steve Jones 2332 West New Orleans St. Broken Arrow, OK 74011	
Customer ID#	1058

Job Date	3/4/2017
Lease Information	
Truelove #1-B	
County	Coffey
Foreman	KM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	30	3.95	118.50
C203	Pozmix Cement 60/40	235	12.75	2,996.25T
C206	Gel Bentonite	1,210	0.20	242.00T
C208	Pheno Seal	470	1.25	587.50T
C201	Thick Set Cement	65	19.50	1,267.50T
C207	KolSeal	325	0.45	146.25T
C108B	Ton Mileage-per mile (one way)	410.4	1.35	554.04
C113	80 Bbl Vac Truck	3	85.00	255.00
C224	City Water	3,300	0.01	33.00T
C661	5 1/2" AFU Float Shoe	1	294.00	294.00T
C421	5 1/2" Latch Down Plug	1	230.00	230.00T
C604	5 1/2" Cement Basket	1	225.00	225.00T
C504	5 1/2" Centralizer	4	48.00	192.00T
D101	Discount on Services		-98.87	-98.87
D102	Discount on Materials		-310.68	-310.68T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
Elite Cementing & Acidizing of KS, LLC
PO Box 92
Eureka, KS 67045

Subtotal	\$7,781.49
Sales Tax (6.5%)	\$383.68
Total	\$8,165.17
Payments/Credits	-\$8,165.17
Balance Due	\$0.00

810 E 7TH
PO Box 92
EUREKA, KS 67045
(620) 583-5561



Cement or Acid Field Report

Ticket No. **3173**
Foreman Kevin McCoy
Camp EUREKA

API # 15-031-24236-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-4-17		True Love #18	13	215	13E	Coffey	KS
Customer			Unit #	Driver		Unit #	Driver
Stephen C. Jones			105	DAVE G.			
Mailing Address			110	ALLEN B.			
2332 W New Orleans			113	Luss M.			
City	State	Zip Code	141	Rick L.			
BROKEN ARROW	OK	74011					

Job Type Longstring Hole Depth 2219' Slurry Vol. 73 BBL LEAD Tubing _____
 Casing Depth 2216' G.L. Hole Size 7 7/8 Slurry Wt. 12.9 - 13.8 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 54 BBL Displacement PSI 800 Bump Plug to 1300 BPM _____

Remarks: SAFETY Meeting: Rig up to 5 1/2 casing. BREAK Circulation w/ 10 BBL fresh water. Mixed 235 sks 60/40 Pozmix Cement w/ 6% Gel. 2" PhenoSeal 1SK @ 12.9 #/gal. Yield 1.74 = 73 BBL Slurry. Tail in w/ 65 sks THICK Set Cement w/ 5" Kol-Seal 1SK @ 13.8 #/gal. Yield 1.85 = 21 BBL Slurry. Wash out Pump & Lines, shut down. Release Latch down Plug. Displace Plug to seat w/ 54 BBL fresh water. Final Pumping Pressure 800 PSI. Bump Plug to 1300 PSI. wait 2 mins. Release Pressure. Float & Plug Held. Good Cement Returns to surface = 3 BBL Slurry to Pit. Job Complete. Rig down.

PAID IN FULL BY CK # 1090. 9019.42 3-4-17

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 203	235 sks	60/40 Pozmix Cement	12.75	2996.25
C 206	1210 "	Gel 6%	.20 #	242.00
C 208	470 "	PhenoSeal 2" /SK	1.25 #	587.50
C 201	65 sks	THICK Set Cement	19.50	1267.50
C 207	325 #	Kol-Seal 5" /SK	.45	146.25
C 108 B	13.68 Tons	Ton. Mileage 30 miles	1.35	554.04
C 113	3 Hrs	80' BBL VAC TRUCK	85.00	255.00
C 224	3300 gals	City water	10.00/1000	33.00
	1	5 1/2 AFU Float shoe	294.00	294.00
	1	5 1/2 Latch down Plug	230.00	230.00
	1	5 1/2 Cement Basket	225.00	225.00
	4	5 1/2 Centralizers	48.00	192.00
		Sub Total		8191.04
		Less 5%		429.75
		Sales Tax 6.5%		403.88
		Total		8165.17

Authorization _____

Title _____

Total _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

PAID

3613A Y Road
Madison, KS 66860
Ph: 620-437-2661
Fax: 620-437-2881



HURRICANE SERVICES INC

104 Prairie Plaza Parkway
Garnett, KS 66032
Ph: 785-448-3100
Fax: 785-448-3102

FED ID# 48-1214033
MC ID# 165290

Remit to: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202

Customer:
JONES, STEVE
12 NO. ARMSTRONG
BIXBY, OK 74008

Invoice Date: 2/28/2017
Invoice #: 0030133
Lease Name: TRUE LOVE
Well #: 1-B
County: COFFEY

Date/Description	HRS/QTY	Rate	Total
Ticket 100799 Surface pipe	0.000	0.000	0.00
Pump truck #201	1.000	675.000	675.00
Heavy Eq mileage one way	20.000	3.250	65.00
Light Eq mileage one way	20.000	1.500	30.00
Bulk truck #202	1.000	300.000	300.00
Standby time	2.000	125.000	250.00
Vac truck #111	1.000	84.000	84.00
Cement Class A	28.000	16.250	455.00
Bentonite Gel	25.000	0.300	7.50
Calcium Chloride	80.000	1.000	80.00
Pheno Seal	20.000	1.700	34.00

Net Invoice 1,980.50
Sales Tax: (6.50%) 128.73
Total 2,109.23

All invoices are due upon receipt. Interest at the rate of 1 1/2% per month may be charged on all invoices not paid within 30 days from date of invoice.

WE APPRECIATE YOUR BUSINESS!



250 N. Water, Ste 200 - Wichita, Ks 67102

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	Stephen C. Jones				Customer Name:		Ticket No.:	100799		
Address:					AFE No.:		Date:	2/28/2017		
City, State, Zip:					Job type:	Surface Pipe				
Service District:	Madison				Well Depth:	45' of 12 1/4" hole / 8 5/8" casing set @ 40'				
Well Name & No.:	Truolovo # 1B				Well Location:	13-21s-13a	County:	Coffey	State:	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED			AM	TIME
201	JP					ARRIVED AT JOB			PM	7:30
202	Mark					START OPERATION			PM	12:30
111						FINISH OPERATION			AM	1:00
30	Brad					RELEASED			PM	1:30
						MILES FROM STATION TO WELL			20	

Treatment Summary
 Rig up to 48' of 8 5/8" casing, break circulation with fresh water. Mixed 28 sbs Regular cement w/ chemicals, displaced cement with 2.5 bbls water. Shut down with good cement returns, closed casing in, wash out cellar, wash up & tear down. Job Complete "Thank You"

Code	Description	Unit	Quantity	Unit Price	Total Price	Balance
c020	Cement Pump	ea	1.00	\$675.00	\$675.00	\$675.00
c001	Heavy Equip. One Way	mi	20.00	\$3.25	\$65.00	\$65.00
c004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$300.00
c016	Standby Time	hr	2.00	\$125.00	\$250.00	\$250.00
cp006	Regular - Class A Cement	sack	28.00	\$16.25	\$455.00	\$455.00
cp014	Calcium - Chloride	lb	80.00	\$1.00	\$80.00	\$80.00
cp013	Bentonite Gel	lb	25.00	\$0.30	\$7.50	\$7.50
cp024	Pheno Seal	lb	20.00	\$1.70	\$34.00	\$34.00
c002	Light Equip. One Way	mi	20.00	\$1.50	\$30.00	\$30.00
t003	Vacuum Truck 80 bbl	hr	1.00	\$84.00	\$84.00	\$84.00

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are 10% advance due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to effect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the net invoice price with all discounts will become immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

DISCLAIMER NOTICE:
 This technical data is presented in good faith, but no warranty is given by and HSI assumes no liability for advice or recommendations made concerning results to be obtained from the use of any product or service. The information presented is HSI's best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer will guarantee proper operational care of all customer owned production and associated equipment, while HSI is on location performing services which could adversely affect the performance of such services.

Gross:	\$ 1,980.60	Net:	\$ 1,980.60
Total Taxable	\$	Tax Rate:	6.160%
Fract and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$
		Total:	\$

2-28-2017
 HSI Representative: Brad Butler
 Customer Comments:

CUSTOMER AUTHORIZED AGENT