

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1363996

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

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:			
					<input type="checkbox"/> Yes <input type="checkbox"/> No			
Date of First, Resumed Production, SWD or ENHR.			Producing Method:					
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____					
Estimated Production Per 24 Hours	Oil	Bbbs.	Gas	Mcf	Water	Bbbs.	Gas-Oil Ratio	Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Dixon Operating Company, LLC
Well Name	SIEFKES SWD OWWO 1
Doc ID	1363996

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.25	8.625	23	265	60/40 poz	265	3% CC
Production	7.875	5.5	17	3780	AA-2	175	10% salt, PPS Defoamer, Friction Reducer, Mag Chem CR10, Gilsonite, 2% gel

Mud-Co / Service Mud Inc.

Operator	<u>Dixon Operating</u>		County	<u>Stafford</u>		State	<u>Kansas</u>		Pump	<u>6</u>	X	<u>14</u>	X	<u>60</u>	SPM	Casing Program	<u>8 5/8</u>	" @	<u>265</u>	ft.
Well	<u>Siefkes SWD OWWO #1</u>		Location											<u>7.75</u>	BPM		" @		ft.	
Contractor	<u>Southwind #9</u>		Sec	<u>34</u>	TWP	<u>22S</u>	RNG	<u>12W</u>	D.P.	<u>4.5</u>	in.			<u>191</u>	FT/MIN R.A.		" @		ft.	
Stockpoint	<u>Pratt, Ks.</u>	Date	<u>4/12/2017</u>	Engineer	<u>Jason Whiting</u>				Collar	<u>6.25</u>	in.	<u>450</u>	ft.	<u>348</u>	FT/MIN R.A.		Total Depth	<u>4150'</u>	ft.	

[illegible]

MUD-CO / SERVICE MUD INC.

100 S. Main Suite #310
Wichita, Ks. 67202
316/264-2814 Fax: 316/264-5024

DRILLING MUD RECAP

Materials	Sacks	Amount	Materials	Sacks	Amount		Amount
C/S HULLS	72	1201.68					
LIME	1	10.23					
PREMIUM GEL	68	1163.48					
SODA ASH	4	96.16					
						Total Mud Cost	2471.55
						Trucking Cost	786.39
						Trucking Surcharge	
						Taxes	
						TOTAL COST	3257.94

Customer DIXON OPERATING	Lease No. 1111	Date 7-29-17
Lease SINK-SWD OWWO	Well # 1	
Field Order # 15312	Station PRATT	Casing 5 1/2 Depth 3780
Type Job 2-42 5 1/2 Long string	Formation	County STARK State KI
		Legal Description 34-223-12W

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
3780	Depth	From	To	Pre Pad	Max		5 Min.
87.8	Volume	From	To	Pad	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush 87.3	Gas Volume		Total Load

Customer Representative **T.J. Dixon** Station Manager **WATMAN** Treater **MATTAL**

Service Units	83753	27463	19959	19918				
Driver Names	MATTAL	MCGRAW	WEST					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:50					ON LOCATION / SARRY MEETING
4:12					Run 91 JTS 17# 5 1/2 CSNG W. Packer 540.
					BASKET ON 1, CONT ON 2, 3, 4, 6, 8, 10, 12, 14
					21.58' Show Joint
5:43					CSNG ON BOTTOM
5:48					How to CSNG / BIRAN CIRC W. RIG
7:31					START mud flush TO OPEN TOOL
7:32	1700		2.12	1	Pack shoe set and flush
7:34	150		3	5	Water
7:36	150		7	5	Mix 25 SKS Scavenger
7:38	150		44.5	5	Mix 175 SKI AA-2 cont
7:47			3	4	DROP Plug / Wash Packer Line
7:51	100			5	START DISPLACEMENT
8:01	250		50	5	LIFT Pressure
8:07	650		77	3	SLOW RATE
8:09	1500		87.3		Plug down / 1 c/crased + hold
8:15			7		Plug RATHOL
					Circulation Then JOB
					JOB complete
					Thank You!
					Mike Mattal
					Mike + John