

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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	Kansas Energy Company, L.L.C.
Well Name	HYDER JBD #1
Doc ID	1362619

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2			783-785
2			788-790
2			797-799

STATEMENT

12985

ELMORE'S INC.

Box 87 - 776 HWY 99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

Date

7-10-17

Customer Kansas Energy
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
10	Sks Cement	12.50	125.00
		Tax	10.63
	Hydr lease	\$	135.63
	Picked Up By Eric		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



Customer	Kansas Energy LLC	Ticket No.	928.3372C
Address		Job Type	Production
City, State, Zip		Legals	Section 5 35 13
Well Name and Number	Hyder #1	Service District	Cushing OK
Service Date	July 12, 2017	Salesman	
		County	Chauataqua
		State	Kansas

Product Code	Description of Equipment & Services	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Item Discount	Net Amount
CE0001	Pickup Mileage Charge	mile	75.0	\$3.00	\$225.00	52.00%	\$108.00
CE0002	Pump Truck/Heavy Equipment Mileage Charge	mile	75.0	\$7.15	\$536.25	52.00%	\$257.40
CE0450	Pump Charge; 0-1500'	4 hrs	1.0	\$1,500.00	\$1,500.00	52.00%	\$720.00
CE0711	Minimum Cement Delivery Charge	ea	1.0	\$660.00	\$660.00	52.00%	\$316.80
CE0525	Blending Charge	cu ft	100.0	\$1.80	\$180.00	52.00%	\$86.40
CE1200	4 1/2" Cement Plug Container	ea	1.0	\$350.00	\$350.00	52.00%	\$168.00
Description of Cement & Products							
CC5844	Poz-Blend III A (65:35)	sk	100.0	\$15.50	\$1,550.00	52.00%	\$744.00
CC5326	Sodium Chloride, Salt	lb	500.0	\$1.00	\$500.00	52.00%	\$240.00
CC5965	Bentonite	lb	400.0	\$0.30	\$120.00	52.00%	\$57.60
CC6077	Kolseal	lb	500.0	\$0.50	\$250.00	52.00%	\$120.00
CC6079	PhenoSeal, Formica flakes	lb	40.0	\$1.35	\$54.00	52.00%	\$25.92
CC6159W	City Water	gal	5,460.0	\$0.03	\$163.80	52.00%	\$78.62
Description of Float Equipment							
CP8178	4 1/2" Top Rubber Plug	ea	1.0	\$75.00	\$75.00	52.00%	\$36.00
Description of Other Services							
WS2402	Water Transport (Cement Service)	hr	5	\$120.00	\$600.00	52.00%	\$288.00

<i>Equipment, Service, Float Equipment and Product Charge:</i>				Gross	\$	6,764.05	Net	\$	3,246.74
Total "COST ESTIMATE" Before Applicable Local, County, and State Taxes Are Applied:				Gross	\$	6,764.05	Net	\$	3,246.74

Applicable Local, County, and State Taxes (Office Use Only):

Total Invoiced Price(Office Use Only):	
Customer Rep.	PJ Buck
QES Pressure Pumping, LLC Rep.	John Wade
Date	July 12, 2017
<small>SERVICE ORDER: I AUTHORIZE THAT SERVICE WAS COMPLETED IN ACCORDANCE WITH TERMS AND CONDITIONS (INCLUDING INDEMNIFICATION OBLIGATIONS) LISTED HERE OR IN THE CUSTOMER CONTRACT FORM AND REPRESENT THAT I HAVE AUTHORITY TO ACCEPT AND SIGN THIS ORDER.</small>	
CUSTOMER AUTHORIZED AGENT	



QES PRESSURE PUMPING LLC

Customer: Kansas Energy LLC		PO#: _____		Date: July 12, 2017
Well Name: Hyder #1		Field: Section 5 35 13		Type of Well: Oil/Gas
County: Chauataqua	State: Kansas	Stages: Single	District: Cushing OK	
Type of Job: Production				

WELL DATA Casing: <u>4.50" 10.5#</u> From: <u>0'</u> To: <u>848'</u> <input type="checkbox"/> Conductor <input type="checkbox"/> Surface Open hole: <u>6.75</u> From: <u>0'</u> To: <u>862'</u> <input type="checkbox"/> Liner <input checked="" type="checkbox"/> Production From: _____ To: _____ <input type="checkbox"/> Squeeze <input type="checkbox"/> Whipstock From: _____ To: _____ <input type="checkbox"/> Plug to Abandon <input type="checkbox"/> Intermediate From: _____ To: _____ <input type="checkbox"/> Other	Well Data Comments: 659 john wade, 419 donnie tate, 807 Mario, 74 T219 on location
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FLOAT EQUIPMENT Pumped 5 bbl water ahead of gel and established circulation. Ran 100 sks lead cement. Shut down and washed pump and lines. Dropped plug and displaced 13.4bbl to land plug at 900psi. Circulated 4bbl cement to pit. Thank You	Capacities Capacity of Each : Casing: <u>13.48</u> Open hole: <u>#VALUE!</u>
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SPACER/CEMENT DATA Spacer: <u>10</u> bbl Fresh Water Lead Slurry: <u>100</u> sks p5/35 A Poz Mix, 2% gel,# korseal,10% salt, .40# pheno Seal Tail Slurry: <u> </u> sks	Total Capacities To: Casing: <u>13.48</u> bbls Open hole: <u>#VALUE!</u>
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Additional Job Comments:

STAGE	TIME	RATE & PRESSURE		VOLUMES		COMMENTS
		RATE	PSI	STAGE BBLs.	TOTAL	
1	8:00 AM				0.00 bbls	On Location
2	10:15 AM	0.0 bpm	3,000 psi		0.00 bbls	Rig up to well
3	10:20 AM	3.0 bpm	350 psi		0.00 bbls	Water Spacer
4	10:22 AM	3.0 bpm	350 psi		0.00 bbls	400 sks Lead Cement
5	10:25 AM	3.0 bpm	350 psi		0.00 bbls	150 Sks Tail Cement
6	10:35 AM	3.0 bpm	200 psi		0.00 bbls	Drop Plug
7	10:42 AM	5.0 bpm	200 psi		0.00 bbls	Start Displacement
8	10:55 AM	3.0 bpm	800 psi		0.00 bbls	Slow down rate to prepare for plug bump
9	10:58 AM	0.0 bpm	1,500 psi		0.00 bbls	Plug Landed
10	11:00 AM				0.00 bbls	Test Float
11	11:15 AM				0.00 bbls	Wash up, Rig down

Average Rate: <u>2.5 bpm</u> Minimum Rate: <u>3.0 bpm</u> Maximum Rate: <u>5.0 bpm</u> Average PSI: <u>844 psi</u> Minimum PSI: <u>350 psi</u> Maximum PSI: <u>1,500 psi</u>	Circulation: <u>Yes</u> Cement To Surface: <u>Yes</u> Plug Bump: <u>Yes</u> Float Holding: <u>Yes</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No ft: 8 5/8" Head & Manifold	OPERATORS MAXIMUM PRESSURE: 3,000 psi QES PP SERVICE REPRESENTATIVE: John Wade CUSTOMER REPRESENTATIVE: PJ Buck
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