

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 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)</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	Jones, Stephen C.
Well Name	TRUELOVE 3B
Doc ID	1362911

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	2188 - 2190	300 gal 7.5% HCL	2188
1	2188-2190	250 gal 15% HCL	2188

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: 4/17/2017
Invoice #: 0030689
Lease Name: TRUELOVE
Well #: 3-B
County: COFFEY

Date/Description	HRS/QTY	Rate	Total
Ticket 50971 Surface	0.000	0.000	0.00
Heavy Eq mileage one way	40.000	3.250	130.00
Light Eq mileage one way	20.000	1.500	30.00
Bulk truck #202	1.000	300.000	300.00
Pump truck #201	1.000	674.500	674.50
Cement Class A	35.000	16.250	568.75
Bentonite Gel	33.000	0.300	9.90
Calcium Chloride	99.000	1.000	99.00
Pheno Seal	27.000	1.700	45.90

Net Invoice 1,858.05
Sales Tax: (6.50%) 36.97
Total 1,895.02

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 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	STEPHEN C. JONES	Customer Name:	RODNEY	Ticket No.:	50971
Address:	12 NO. ARMSTRONG	Contractor:	KANDRILL	Date:	4/17/2017
City, State, Zip:	BIXBY, OK. 74008	Job type:	SURFACE	Well Type:	
Service District:	MADISON, KANSAS	Well Details:	Sec: 13	Type:	21S R: 13E
Well name & No.:	TRUE LOVE 3-B	Well Location:	LAMONT, KS	County:	COFFEY
Equipment #	Driver	TRUCK CALLED			211
25	JAKE	ARRIVED AT JOB			212
201	JP	START OPERATION			213
202	MARK	FINISH OPERATION			214
111	JOE	RELEASED			215
MILES FROM STATION TO WELL					20

Treatment Summary

Code	Description	Unit	Rate	Quantity	Subtotal	Total
C001	Heavy Equip. One Way	mi	40.00	\$3.25	\$130.00	\$130.00
C002	Light Equip. One Way	mi	20.00	\$1.50	\$30.00	\$30.00
C004	Minimum Ton Mile Charge	ea	1.00	\$300.00	\$300.00	\$300.00
C019	Cement Pump	ea	1.00	\$950.00	\$950.00	\$674.50
CP006	Regular - Class A Cement	sack	35.00	\$16.25	\$568.75	\$568.75
CP013	Bentonite Gel	lb	33.00	\$0.30	\$9.90	\$9.90
CP014	Calcium Chloride	lb	99.00	\$1.00	\$99.00	\$99.00
CP024	Pheno Seal	lb	27.00	\$1.70	\$45.90	\$45.90

TERMS: Cash in advance unless Hurricane Services Inc (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice 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 allowed by applicable state or federal laws if such laws first 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 full invoice price without discount 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 those 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 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. Authorization below acknowledges receipt and acceptance of all terms and conditions stated X

Gross:	\$ 1,858.05	Net:	\$ 1,858.05
Total Taxable	\$ -	Tax Rate:	7.150%
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable		Sale Tax:	\$ -
		Total:	\$ 1,858.05
Date of Service:	4/17/2017		
HSI Representative:	JAKE HEARD		

Customer Comments:

CUSTOMER AUTHORIZED AGENT

TREATMENT REPORT



HURRICANE SERVICES INC

Customer:	STEPHEN C. JONES	Date:	4/17/2017	Ticket No.:	50971
Field Rep:	RODNEY				
Address:	12 NO. ARMSTRONG				
City, State:	BIXBY, OK				
County, Zip:	74008				

Field Order No.:	
Well Name:	TRUE LOVE 3-B
Location:	LAMONT, KS
Formation:	
Type of Service:	SURFACE
Well Type:	
Age of Well:	NEW
Packer Type:	
Packer Depth:	
Treatment Via:	CASING

Open Hole:	12 1/4"
Casing Depth:	
Casing Size:	8 5/8 24#
Tubing Depth:	
Tubing Size:	
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	

Perf Depths (ft)	Perfs
Total Perfs	0

Time	Flow Rate (gpm)	Pressure (psi)	Notes	Perf Depth (ft)	Perfs
			ON LOCATION		
			SAFETY MEETING		
			SPOT IN AND RIG UP		
			HOO UP TO CASING		
		150.0	WASH CASING DOWN		
			HOO UP TO CASING		
	3.5	150.0	PUMP SPACER		5.00
	3.5	150.0	MIX AND PUMP 35 SACKS		8.50
			STOP		
	2.8	150.0	DISPLACE 2.5 BBL		2.50
6:35 PM			SHUT IN VALVE		
			RELEASE PRESSURE		
6:45 PM			WASH UP PUMP		
TOTAL:					16.00

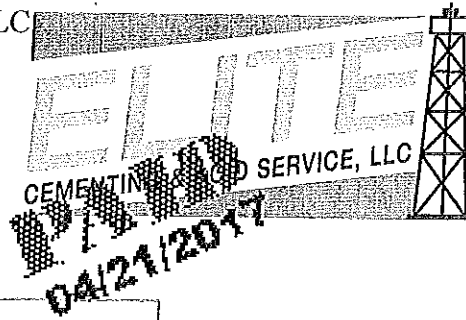
Max FI Rate	Avg FI Rate	Max PSI	Avg PSI
3.5	3.2	150.0	150.0

PRODUCTS USED
 35 SACKS CLASS A 3% CC 1% GEL .75LB SK PHENOSEAL

Treater: Jake Heard Customer: RODNEY

Elite Cementing & Acidizing of KS, LLC

810 E 7th, PO Box 92
Eureka, KS 67045



Date	Invoice #
4/21/2017	3283

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

Job Date	4/21/2017
Lease Information	
Truelove #3B	
County	Coffey
Foreman	RM

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	250	12.75	3,187.50T
C206	Gel Bentonite	1,290	0.20	258.00T
C208	Pheno Seal	500	1.25	625.00T
C201	Thick Set Cement	65	19.50	1,267.50T
C207	KolSeal	325	0.45	146.25T
C108B	Ton Mileage-per mile (one way)	420	1.35	567.00
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		-78.53	-78.53
D102	Discount on Materials		-322.92	-322.92T

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	\$8,047.30
Sales Tax (6.5%)	\$398.80
Total	\$8,446.10
Payments/Credits	-\$8,446.10
Balance Due	\$0.00

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



Cement or Acid Field Report
 Ticket No. **3283**
 Foreman Russell McElroy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
4-21-17	1058	True Love #3 B	13	21	13	Coffey	Ks
Customer Stephen C. Jones / JTS Lateral Corporation			Safety Meeting	Unit # 104	Driver A. MEAN	Unit #	Driver
Mailing Address 2,332 W. New Orleans							
City Broken Arrow		State OK	Zip Code 74011				

Job Type Logging Hole Depth 1200 Slurry Vol. 10 Unit 20 Tg. Tubing _____
 Casing Depth 2217 Hole Size 7 7/8 Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 15.5 Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 53 3/4 Displacement PSI 100" Bump Plug to 1450" BPM 5

Remarks: Safety Meeting Rig to 5 1/2 casing break circulation w/ 10 bbl water
Mix 250 SK's 60/40 Pozmix cement w/ 6% Gel 2" Phenosan = 13 bbl Slurry
up from 165 TAIL w/ 65 SK's T.S. cement w/ 5" Kalsent w/ VITA 1.15 @ 13.8"
wash out Pump + Lines, Release 5 1/2 Latch Down Plug, Displace w/ 53 3/4 Bbl
water to seat Plug, Final Pumpout 900" @ 4 BPM. Bump Plug to 1450" check Float
Float Held 1 Bbl cement Returns to surface, Job complete, Tear Down.
lift PST 10 Bbl @ 150" 30 Bbl @ 350" 40 Bbl @ 775" 50 @ 800" 53 3/4 900"
Job complete, Tear down. Thank You, Russell McElroy

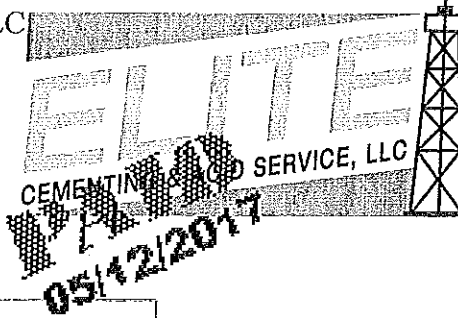
NOTE Centralizers # 1 " 2 " 3 " 4 Basket top of Bth joint

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	250	SK's 60/40 Pozmix cement	12.75	3,187.50
C-206	1290"	Gel = 6%	.20	258.00
C-208	500"	Phenosol 2" P/SK	1.25	625.00
C-201	65	SK's - Thick set cement	19.50	1267.50
C-207	375"	Kalsent 5" P/SK	.45	142.25
C-108	14 Tow	Tow mileage	1.35	561.00
C-113	3 hr	80 Bbl UAC Truck	85.00	255.00
C-224	3,300	gallon city water	10 th /100 P th /100	33.00
C-161	1	5 1/2 Float shoe	294.00	294.00
C-421	1	5 1/2 Latch Down Plug	230.00	230.00
C-164	1	5 1/2 cement Basket	225.00	225.00
C-504	4	5 1/2 x 1 7/8 Centralizers	48.00	192.00
PAID # 1179 # 8.446.10			Sub Total	8,448.75
			-5%	422.44
			6.5% Sales Tax	419.79

Authorization Witnessed by Rodney Title owner Total 8,446.10

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.

Elite Cementing & Acidizing of KS, LLC
 810 E 7th, PO Box 92
 Eureka, KS 67045



Date	Invoice #
5/11/2017	3273

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

Job Date	5/11/2017
Lease Information	
Truelove 3B	
County	Coffey
Foreman	RM

Item	Description	Qty	Terms	Due on receipt
			Rate	Amount
A101	Acid Pump Charge (1500 Gal)	1	800.00	800.00
A107	Pump Truck Mileage	30	3.95	118.50
A203	10% HCL Acid	250	1.00	250.00
A213	Acid Inhibitor	1	40.00	40.00
A210	Surface Tension Reducer	1	32.00	32.00
A214	Non Emulsifier	1	30.00	30.00
A215	Iron Sequestrant (Control)	1	36.00	36.00
A113	80 Bbl Vac Truck	3	85.00	255.00
A224	City Water	3,000	0.01	30.00T
A216	KCL Substitute	2	30.00	60.00
D103	Discount on Services		-58.94	-58.94
D104	Discount on Materials		-22.40	-22.40
D104	Discount on Materials		-3.00	-3.00T

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	\$1,567.16
Sales Tax (6.5%)	\$1.76
Total	\$1,568.92
Payments/Credits	-\$1,568.92
Balance Due	\$0.00

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



Cement or Acid Field Report

Ticket No. **3273**
 Foreman Russell McLean
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
5-11-17	1058	TRF 1002 3 B				Coffey	Ks	
Customer Stephen C. Jones			Unit #		Driver		Unit #	Driver
Mailing Address 1230 W New Orleans			101		AB			
City Broken Arrow			145		DAVE			
State OK								
Zip Code 74011								

Job Type Acid Hole Depth _____ Slurry Vol. _____ Tubing 2 3/8
 Casing Depth 2203 Hole Size _____ Slurry Wt. _____ Drill Pipe _____
 Casing Size & Wt. 5 1/2 USPI Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement _____ Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting Perfr 2188-90 2 shots Run tubing top bottom
set bottom of tubing 2175' = 5' below Perfr load bal. of 48 Bbl KCL water
SPOT 125 gallons Acid on Perfr = 7 Bbl TOTAL 3 Acid to water soak Acid
5 min static from 500 to 1300" No break down open Annulus spot 1 Bbl Fresh
Acid on Perfr stage + Break @ 1450" Flush 2 Bbl Acid on formation
@ 900 AST 1/2 BPM over Flush 1 Bbl ISDP 600" wait 5 min back wash
1 Bbl Acid spot up tubing to fit some spot Acid 1 Bbl yellow Acid.
Respot 125 gallons 10% down tubing close Annulus treat at 311 RPM
800-900" over Flush 5 Bbl water = 13 gal TOTAL ISDP 500" 10 min Test
250" close well SW. Tot (incl-10) Test down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
A-101	1	Pump Charge	800.00	800.00
A-107	30	Mileage	3.95	118.50
A-203	250	gallon 10% Acid	1.00	250.00
A-213	1	gallon Acid Inhibitor	40.00	40.00
A-210	1	gallon Surfactant	32.00	32.00
A-214	1	gallon Non Emulsifier Agent	30.00	30.00
A-115	1	gallon Time Control	36.00	36.00
A-113	3	hr Rv Bbl UAC Truck	85.00	255.00
A-224	3,000	gallon city water	10 ^{no} / ₁₀₀₀	30.00
A-216	2	gallon KCL mixed w/ city water	30.00	60.00
DAID 1568.92				
				1651.50
Sales Tax				

Authorization by Steve Jones Title owner 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.