

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](mailto: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) (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	Alton Oil LLC
Well Name	JACK 2
Doc ID	1364559

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
1	3050-3090	1000 Gallons 15% MCA	
		500 Bbl Versa Gel 19000 Lbs sand	



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



**Cement or Acid Field Report**  
 Ticket No. **3356**  
 Foreman Russell McCoy  
 Camp Eureka

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
6-2-17	1097	JACK # 2	21	30	5	Cowley	Ks
Customer ALTON OIL		Safety Meeting 2m AM AB	Unit #	Driver	Unit #	Driver	
Mailing Address P.O. BOX 117			104	A-mead			
City Winfield		State KS	Zip Code 67156				

Job Type Longstring Hole Depth 3230 Slurry Vol. 32 Bbl Tubing \_\_\_\_\_  
 Casing Depth 33225 1/2 Hole Size 7 7/8 Slurry Wt. 14.5 Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. New 5 1/2 Cement Left in Casing 12' Water Gal/SK 7 Other \_\_\_\_\_  
 Displacement 77 1/2 Bbl Displacement PSI 600 # Bump Plug to 1100 # BPM 5

Remarks: Safety meeting, Run 5 1/2 casing to 3225 1/2 w/ 12 ft shoe on bottom  
Drop Ball Circulate 30 min. Rig up 5 1/2 cement head. Break circulation  
w/ 5 Bbl Fresh water. mix + Pump 12 Bbl metasilicate pic Flush. Pump 5 Bbl  
Fresh water spacer. Mix + Pump 125 SK's class A cement w/ 3% Gel 2% CaCl2  
1 # Phenoseal @ 14.5# w/ yield 1.43 = 32 Bbl Slurry. Wash out Pump + Lines  
Release 5 1/2 Latch Down Plug. Displace w/ 77 1/2 Bbl Fresh water @ 5 BPM  
Final Pump PSI 600# Bump Plug to 1100# Hold PSI 2 min. Check float, float held.  
Job Complete 0 PSI on 5 1/2 tear down. Good circulation during cementing job.  
NOTE Centralizer's on # 1 3 5 6 7 8 10 Baset on top of B = 2894' = 29' Above zone  
(Mix cement w/ city water by MaxiDize) Plug mouse + Rathole. Thank you  
Russell crew

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-200	125	SK's Class A cement	15.00	1875.00
C-206	350 #	Gel = 3%	.20	70.00
C-205	235 #	CaCl2 = 2%	.60	141.00
C-208	125 #	Phenoseal 1# per SK	1.25	156.25
C-108g	5.87 Ton	Ton mileage bulk truck	mil	345.00
C-210	100 #	metasilicate Pic Flush	2.00	200.00
C-421	1	5 1/2 Latch Down Plug	230.00	230.00
C-604	1	5 1/2 cement Basket	225.00	225.00
C-703	1	5 1/2 AFU INSERT	145.00	145.00
				4,555.75
			-58	<289.00>
			Sales Tax	205.35
Authorization by <u>m:ke</u> Title <u>owner</u>			Total	4523.04

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.



PRESSURE PUMPING

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

8250  
844

TICKET NUMBER 53353  
LOCATION Eldorado KS  
FOREMAN Jeremy

WELL TICKET & TREATMENT REPORT  
CEMENT

Invoice # 810387

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-30-17	1128	JACK #2	21	30S	05E	Cowley
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
ALTON OIL LLC			866	Jeremy A		
MAILING ADDRESS			603	TRACY		
P.O. BOX 117			611	Jeremy M		
CITY	STATE	ZIP CODE				
Winfield	KS	67156				

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 227 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14.5 SLURRY VOL 392 WATER gal/sk 6.5 CEMENT LEFT In CASING Approx -10'  
 DISPLACEMENT 13.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: (Safety meeting) hooked up to 8 5/8 with Swedger valve then broke circulation & pumped 5 bbl of water then 150 SKS of Cement then displaced 13.5 bbl of water shut in valve

Thank you  
Jeremy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	36 miles	MILEAGE	7.15	257.40
CE0711	7 ton	min Bulk delivery	660.00	660.00
CC5800A	150 SKS	CLASS A Cement	20.00	3000.00
CC5325	450 #	Calcium Chloride	1.25	562.50
CC5965	300 #	Gel	.30	90.00
CC6075	75 #	Polyflake	2.00	150.00
		Subtotal	=	6219.90
		Discount	.45%	2798.95
		Total	=	3420.95
		SALES TAX		141.17
		ESTIMATED TOTAL		3562.12

Ravin 3737 AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.