

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1366007
OIL & GAS CONSERVATION DIVISION

Form ACO-1
November 2016

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: _____

1366007

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			
Geologist Report / Mud Logs	<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)*

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>			PRODUCTION INTERVAL: Top _____ Bottom _____	

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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FIELD ORDER No C 45504

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 7-26 2017

IS AUTHORIZED BY Mesa Products (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease 10-17-7800 Well No. _____ Customer Order No. _____

Sec. Twp. Range MP 30.2 County MEAD State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 5% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By _____

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	50	Mileage Pickup	2.00	100.00
2	50	Mileage Pump Chg.	4.00	200.00
2	1	Pump Chg.	1100.00	1100.00
2	235 gal	45-35 P02 6% G21 3% CC	10.75	2418.75
2	9 in	Acid Cui	122.00	1122.00
2	125 gal	Calcium Chloride	30.00	360.00
2	245	Bulk Charge	1.25	306.25
2	50	Bulk Truck Miles <u>10.6 x 50 = 530 x 1.10</u>		583.00
Process License Fee on _____ Gallons				
TOTAL BILLING			PRICE AS AGREED \$4816.16	

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Duane Brock

Station CT BEAR, KS.

JOHN WESLEY MORRISON
Well Owner, Operator or Agent

+ Plus
TOK

Remarks _____

NET 30 DAYS



Dillco Fluid Service, Inc.
513 West 4th • Hugoton, KS 67951
Phone 620-544-2929

213001

Service Type (check one)

FRESH WATER

SALT WATER

SERVICE WORK

Invoice #

Date:

Month	Day	Year
7	25	17

Field Office Location		Company Name		
Hugoton, KS		Mesa		
Driver	Truck No. / Trailer No.	Truck Type (check one)		
Gary Johnson	244/270	Transport <input checked="" type="checkbox"/>	Bobtail <input type="checkbox"/>	Drip <input type="checkbox"/>
Well Name		Well No.		
me 823		10-17-7800		
Disposal Well Name		Disposal Well No.		
Nex Gen				

Tank Gauges

Tank No.	TOP			BOTTOM		
	FT	IN	QTR.	FT	IN	QTR.

TOTAL HOURS	TOTAL BARRELS	ENTERED
6 3/4	1000	

JOB DESCRIPTION: Suck up returns and load mud from waste tank ~~and~~ unload and go back on 7-26-17

DRIVER'S SIGNATURE	CUSTOMER'S SIGNATURE
<i>Doug Plummer</i>	<i>[Signature]</i>

FOR OFFICE USE ONLY:

NOTES:

QTY	RATE	TAX
6.75 hrs @ 90.00	\$607.50	
TOTAL:		
	\$607.50	



213002

Invoice #

Date:

Month	Day	Year
7	26	17

Service Type (check one)

FRESH WATER

SALT WATER

SERVICE WORK

Dillco Fluid Service, Inc.
 513 West 4th • Hugoton, KS 67951
 Phone 620-544-2929

Field Office Location		Company Name		
Hugoton		Mesa		
Driver	Truck No. / Trailer No.	Truck Type (check one)		
Gary Johansen	244/270	Transport <input checked="" type="checkbox"/>	Bobtail <input type="checkbox"/>	Drip <input type="checkbox"/>
Well Name		Well No.		
MP. 82.3		10-12-7802		
Disposal Well Name		Disposal Well No.		
Wynedot				

Tank Gauges

Tank No.	TOP			BOTTOM		
	FT	IN	QTR.	FT	IN	QTR.

TOTAL HOURS	TOTAL BARRELS
9 3/4	125

JOB DESCRIPTION: Catch truck for returns - mud-cement

DRIVER'S SIGNATURE	CUSTOMER'S SIGNATURE
<i>Gary Johansen</i>	<i>[Signature]</i>

ENTERED

FOR OFFICE USE ONLY:

NOTES:

QTY	RATE	TAX
9.75 hrs @ 90.00	877.50	
Disp 125 bbls @ 7.00	875.00	
TOTAL: \$ 1752.50		



213589

Invoice #

Date:

Month	Day	Year
07	27	17

Service Type (check one)

FRESH WATER	<input type="checkbox"/>
SALT WATER	<input type="checkbox"/>
SERVICE WORK	<input checked="" type="checkbox"/>

Dillco Fluid Service, Inc.
 513 West 4th • Hugoton, KS 67951
 Phone 620-544-2929

Field Office Location		Company Name		
Hugoton, ks.		Mesa		
Driver	Truck No. / Trailer No.	Truck Type (check one)		
Victor Vasquez	539 / 267	Transport <input checked="" type="checkbox"/>	Bobtail	Drip
Well Name		Well No.		
MP 82.3				
Disposal Well Name		Disposal Well No.		
Wynette		1-9 SOD		

Tank Gauges

Tank No.	TOP			BOTTOM		
	FT	IN	QTR.	FT	IN	QTR.

TOTAL HOURS	TOTAL BARRELS
8 1/2 hrs	110

JOB DESCRIPTION: Service sab haul mixing water

ENTERED

DRIVER'S SIGNATURE	CUSTOMER'S SIGNATURE
<i>[Signature]</i>	

FOR OFFICE USE ONLY:

NOTES:

QTY	RATE	TAX
8.5 hrs @ 90.00	\$765.00	
110 bbls @ \$2.00	220.00	
TOTAL: \$1535.00		