

Kansas Corporation Commission Oil & Gas Conservation Division

1366077

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 #		API No.:	
Name:		Spot Description:	
Address 1:		SecTwpS. R 🗌 East 🗌	West
Address 2:		Feet from North / South Line of So	ection
City: State:	_ Zip:+	Feet from East / West Line of So	ection
Contact Person:		Footages Calculated from Nearest Outside Section Corner:	
Phone: ()		□NE □NW □SE □SW	
CONTRACTOR: License #		GPS Location: Lat:, Long:	
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxxx))
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84	
Purchaser:		County:	
Designate Type of Completion:		Lease Name: Well #:	
New Well Re-Entry	Workover	Field Name:	
□ Oil □ WSW □ SWD		Producing Formation:	
Gas DH EOR		Elevation: Ground: Kelly Bushing:	
		Total Vertical Depth: Plug Back Total Depth:	
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at:	_ Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No	
If Workover/Re-entry: Old Well Info as follows		If yes, show depth set:	_ Feet
Operator:		If Alternate II completion, cement circulated from:	
Well Name:		feet depth to:w/s	sx cmt.
Original Comp. Date: Origin	al Total Depth:		
Deepening Re-perf. Conv.	to EOR Conv. to SWD	Drilling Fluid Management Plan	
Plug Back Liner Conv.	to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)	
Committee Describe		Chloride content:ppm Fluid volume:	_ bbls
		Dewatering method used:	
		Location of fluid disposal if hauled offsite:	
		Location of haid disposal if hadica offsite.	
		Operator Name:	
		Lease Name: License #:	
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R East] West
Recompletion Date	Recompletion Date	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:

Page Two



Operator Name:				Lease Name	e:			_ Well #:	
Sec Twp	S. R.	Eas	t West	County:					
and flow rates if gas	wing and shu to surface te	t-in pressures, wh st, along with final	ether shut-in pre chart(s). Attach	essure reached s extra sheet if m	static I nore sp	evel, hydrosta bace is needed	tic pressures, bot d.	tom hole tempe	val tested, time tool rature, fluid recovery, Digital electronic log
files must be submit								0	0 0
Drill Stem Tests Take			Yes No		_ Log	g Formatic	on (Top), Depth a		Sample
Samples Sent to Ge	ological Surv	ey	Yes No	N	Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mu List All E. Logs Run:	_		Yes No Yes No Yes No						
		Rep	CASING port all strings set-c	RECORD	New , interm	Used	on, etc.		
Purpose of String			ize Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
	5.1		ot (III 0.5.)	200.711.		Борит	Comont	0000	/ Iddilivos
			ADDITIONAL	CEMENTING /	SQUE	EZE RECORD			
Purpose: Perforate		epth Typ Bottom	e of Cement	# Sacks Used	b		Type and F	Percent Additives	
Protect Casing	9								
Plug Off Zone									
									(0)
 Did you perform a h Does the volume of 	-	-		t exceed 350,000	gallons	Yes Yes		ip questions 2 an ip question 3)	d 3)
3. Was the hydraulic fra		-	=		-	Yes	= '	out Page Three o	of the ACO-1)
Date of first Production	n/Injection or Re	esumed Production/	Producing Meth	nod:					
Injection:			Flowing	Pumping	Ga	as Lift C	other (Explain)		
Estimated Production Per 24 Hours	1	Oil Bbls.	Gas	Mcf	Water	BI	bls. (Gas-Oil Ratio	Gravity
DISPOSIT	TION OF GAS:		N	METHOD OF COM	//PLETI	ON:			N INTERVAL: Bottom
Vented So		on Lease	Open Hole		ually C		nmingled mit ACO-4)	Тор	Bottom
(If vented, S	Submit ACO-18.)			(00		(Cubi	7111.7100 1)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,	Fracture, Shot, Cei (Amount and Kind	menting Squeeze d of Material Used)	Record
TUBING RECORD:	Size:	Set At		Packer At:					
	J.20.	OU! A!	-	. 20.0171					

Form	ACO1 - Well Completion
Operator	Pintail Petroleum, Ltd.
Well Name	CHAPMAN A SWD (BEARCUB UNIT) 1-23
Doc ID	1366077

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	24	300	Common	190	2%gel, 3%cc
Production	7.85	4.5	10.5	4374	Common	500	SMD



P. O. Box 466 Ness City, KS 67560 Off: 785-798-2300



Invoice

DATE	INVOICE #
8/1/2017	30569

BILL TO

Pintail Petroleum Ltd. 225 N. Market #300 Wichita, KS 67202

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	We	II Type	W	ell Category	Job Purpose	e Operator
Net 30	#1-23	Chapman A	Gove	Fritzler Trucking	S	WD		Workover	Plug Perfs	Blaine
PRICE R	REF.		DESCRIPT	TON		QTY	(UM	UNIT PRICE	AMOUNT
575W 576W-P 328-4 275 290 581W 583W	Pui 60/ Cor D-2 Ser Dra	leage - 1 Way np Charge - PTA 40 Pozmix (4% G ton Seed Hulls Air vice Charge Ceme yage ototal es Tax Gove Cour	ent				1 225 4 2 225	Miles Job	5.00 800.00 10.25 30.00 42.00 1.50 0.75 8.50%	200.00T 800.00T 2,306.25T 120.00T 84.00T 337.50T 282.45T 4,130.20 351.07

We Appreciate Your Business!

Total

\$4,481.27

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CHARGE TO: FALLS PAYOR	OOW	TICKET SUS69
ADDRESS		PAGE OF
CITY, STATE, ZIP CODE		
Ů	VIII	DATE OWNER

SERVICE LOGATIONS	WELUPROJECT NO. 1-23 LEASE	MEDIMIN A COUNTYPARISH		1 AUG-17	
2.		RIG NAMENO.	SHIPPED DELIVERED TO WAST	MOLEVOOLITIES	
3.		WELL CATEGORY JOB PURBOSE	WELL PERMIT NO.	WELLLUCATION	
19		WOLKEWER Mid yeers			
REFERRAL LOCATION	INVOICE INSTRUCTIONS	**************************************		TIND	AMOUNT
	SECONDARY REFERENCE/ ACCOUNTING	DESCRIPTION	מדי, טאא מדץ.	U/M PRICE	_
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573			1.00	8008	800
5767	712	Comp wester	275154	152 01	2306125
328.4		CONTRACTOR CONTRACTOR	1 3 P	30 00	8 021
375		Cotton seed hulls		3 3	34 00
740 		N-150	- " "	3	337.30
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583		Vayage	9.NIC 91 75.40		
			SIRVEY AGREE DN-	DIS.	
NL TERMS: Custom	A TERMS: Customer hereby acknowledges and agrees to	REMIT PAYMENT TO:	RMED	PAGE TOTAL	4/30/30
s and conditions o	as and conditions on the reverse side hereof which include,		WITHOUT BREAKDOWN / WE UNDERSTOOD AND		
at limited to, PA	at limited to, PAYMENT, RELEASE, INDEMNITY, and		MET YOUR NEEDS?		
NARRANTY provisions	orovisions.	SWIFT SERVICES, INC.	PERFORMED WITHOUT DELAY?		
NY CUSTOMER DELIVERY O	NY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO DELIVERY OF GOODS		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS		N S
		NESS CITY, KS 67560	SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? TO YES TO YES		2
	TIME SIGNED	785-798-2300	CUSTOMER DID NOT WISH TO RESPOND	OAL	
J. C.	SWA) CUSTOMERACCEPIANCE	CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket	adges receipt of the materials and services listed on	this ticket	Thanh Your
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