

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1366309
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: _____

1366309

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) (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	Ron's Oil Operations Inc
Well Name	NICKELSON 15-1
Doc ID	1366309

All Electric Logs Run

temperature log
dual induction
compensated density /neutron log
dual receiver cement bond log

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
 Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. **022**

Date	Sec.	Twp.	Range	County	State	On Location	Finish
5-8-17	15	9	24	Graham	KS		7:00PM

Location *Wakeeney N to Redline, SW to 200rd*

Lease <i>Nickelson</i>	Well No. <i>15-1</i>	Owner <i>2 1/2 N, W 12</i>
Contractor <i>Poe</i>	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Type Job <i>Port collar</i>		

Hole Size	T.D.	Charge To <i>Rons Oil</i>
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Csg. <i>5 1/2</i>	Depth	Street
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Tbg. Size <i>2 7/8</i>	Depth <i>2174</i>	City	State
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Tool <i>Port collar</i>	Depth <i>2174</i>	The above was done to satisfaction and supervision of owner agent or contractor.	
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Cement Left in Csg.	Shoe Joint	Cement Amount Ordered <i>350 8 1/20 QMDC, 1/4 Flo</i>
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Meas Line	Displace	Common <i>350 8 1/20</i>
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EQUIPMENT

Pumptrk <i>16</i>	No.	Cementer <i>Travis</i>		
		Helper		
Bulktrk <i>4</i>	No.	Driver <i>David</i>		
		Driver		
Bulktrk	No.	Driver		
		Driver		

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole	Flowseal <i>87 #</i>
Mouse Hole	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand

*Tested fool to 800psi
 Opened tool and mixed 350x
 displaced with 11 1/2 bbls. closed
 tool and tested to 800psi Ran 3 joints
 and washed clean*

*lost circulation after 80 bbl mixed
 Never regained circulation*

FLOAT EQUIPMENT

Handling <i>350</i>	Guide Shoe
Mileage	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

Pumptrk Charge <i>port collar</i>	
Mileage <i>39</i>	

	Tax
	Discount
	Total Charge

X Signature *Jim Harrison*

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 212

Date	Sec.	Twp.	Range	County	State	On Location	Finish
4-23-17	15	9	24	Ceraham	KS		
Lease <u>Nickelson</u>				Well No. <u>15-1</u>		Owner	
Contractor <u>White Knight</u>						To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Type Job <u>Production String</u>				Charge To <u>Rms Oil Operations</u>			
Hole Size <u>7 7/8 USE 1</u>		T.D. <u>4105</u>		Street			
Csg. <u>5 1/2 1550#</u>		Depth <u>4104</u>		City		State	
Tbg. Size		Depth		City		State	
Tool <u>Port Collar</u>		Depth <u>2177</u>		The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg. <u>2534</u>		Shoe Joint <u>25.34</u>		Cement Amount Ordered <u>150 com 10% Salt 5% Gilsomite</u>			
Meas Line		Displace <u>97 BCL</u>		<u>500 gal mud Clear 10 BCL KCL</u>			
EQUIPMENT				Common <u>150</u>			
Pumptrk	No. <u>20</u>	Cementer <u>Frank</u>		Poz. Mix			
Bulktrk	No.	Driver <u>Brett</u>		Gel.			
Bulktrk	No. <u>9</u>	Driver <u>David</u>		Calcium <u>KCL 1 gal</u>			
JOB SERVICES & REMARKS				Hulls			
Remarks:				Salt <u>13</u>			
Rat Hole <u>30SK</u>				Flowseal			
Mouse Hole				Kol-Seal <u>750#</u>			
Centralizers				Mud CLR 48 <u>500 gal</u>			
Baskets				CFL-117 or CD110 CAF 38			
DV or Port Collar				Sand			
<u>5 1/2 size 4104 Balled @ 4078</u>				Handling <u>170</u>			
<u>Est. Circulation. Pump 500 gal mud clear.</u>				Mileage			
<u>Plug Rathole w/ 30SK</u>				FLOAT EQUIPMENT			
<u>Cement 5 1/2 with 120SK</u>				Guide Shoe			
<u>Clear lines & Displace Plug.</u>				Centralizer <u>5 Turbo's</u>			
<u>Displace 10 BCL KCL with Total</u>				Baskets <u>1</u>			
<u>Displacement</u>				AFU Inserts <u>Port Collar</u>			
<u>Set Pressure 750#</u>				Float Shoe			
<u>Land Plug @ 1020#</u>				Latch Down			
				Pumptrk Charge <u>Prod String</u>			
				Mileage <u>39</u>			
				Tax			
				Discount			
				Total Charge			
Signature <u>Jerry D. Harrison</u>							

REMIT TO
 RR 1 BOX 90 D
 HOXIE, KS 67740

SCHIPPERS OIL FIELD SERVICE L.L.C.

NO 603

DATE <i>4/9/79</i> SEC. <i>15</i>	RANGE/TWP. <i>9-24</i>	CALLED OUT	ON LOCATION	JOB START <i>2:00 AM</i>	JOB FINISH <i>5:00 AM</i>
LEASE <i>Nicholson</i>			WELL # <i>15-1</i>		
			COUNTY <i>11</i>	STATE <i>15</i>	

CONTRACTOR <i>White Knight</i>	OWNER <i>Ron Oil Operation</i>				
TYPE OF JOB <i>Surf</i>					
HOLE SIZE <i>12 1/4</i>	T.D.	CEMENT			
CASING SIZE <i>8 5/8</i>	DEPTH <i>302</i>	AMOUNT ORDERED			
TUBING SIZE	DEPTH				
DRILL PIPE	DEPTH				
TOOL	DEPTH				
PRES. MAX	MINIMUM	COMMON	<i>225</i>	@ <i>17⁰⁰</i>	<i>3,150</i>
DISPLACEMENT	SHOE JOINT	POZMIX		@	
CEMENT LEFT IN CSG.		GEL	<i>6</i>	@ <i>22⁰⁰</i>	<i>135</i>
PERFS		CHLORIDE	<i>10</i>	@ <i>52⁰⁰</i>	<i>5205</i>
		ASC		@	
EQUIPMENT				@	
				@	
PUMP TRUCK				@	
# <i>504</i>				@	
BULK TRUCK				@	
#				@	
BULK TRUCK				@	
#				@	
		HANDLING	<i>241</i>	@ <i>1⁰⁰</i>	<i>361.50</i>
		MILEAGE	<i>32</i>	@ <i>.08/mi</i>	<i>46.96</i>
		TOTAL			

REMARKS	SERVICE	<i>Surf</i>		
<i>Circulate Cement</i>	DEPT OF JOB		@	
	PUMP TRUCK CHARGE	<i>71</i>	@ <i>950</i>	<i>750</i>
	EXTRA FOOTAGE		@	
<i>Plug Down @ 3 AM</i>	MILEAGE	<i>32</i>	@ <i>65⁰⁰</i>	<i>1920</i>
	MANIFOLD		@	
			@	
	TOTAL			

CHARGES TO: <i>Ron Oil</i>	
STREET	STATE
CITY <i>Perinton</i>	ZIP

PLUG & FLOAT EQUIPMENT	
	@
	@

To: Schippers Oil Field Services L.L.C.
 You are hereby requested to rent cementing equipment

Rons Oil Operations

Nickelson 15-1

4-23-17 Casing on location unload and inspect and talley and lube threads.

No floating equipment hot shot for that equipment. Start 51/2 casing in hole with floating equipment as follows. Float Shoe on bottom of casing.

Latch Down Baffle on top of Shoe Joint-length of 25.32 ft. in length.

Centralizers on collars 1-3-5-53-55 turbo type and port collar top of joint 54 2172 ft. Tag TD at 4105 ft with 120 joints of casing. Pickup 5 ft from bottom.

Casing at 4100 latch down at 4075 ft. Hook to circulate. Recipocate casing for

10 minutes and circulate the rest of 15 total minutes. Hook to Super Oil Well

Cementing. Plug Rat Hole with 30 sks Cement. Hook to 51/2 casing. Pump

500 gallons Mud Flush Mix 120 sks of Std. Cement with 10% Salt and 5 lbs

Gilsonite per sk. Wash out pump and lines Release Latchdown plug and start

Displacement. 1st 10 bbl 2% KCL water. Pump total of 97 Bbl displacement

with 75# lift psi. Plug landed at 1000 psi and held. Release psi Float Held.

Set slips in Braden Head Job Complete. 11 pm Terry Garrison