

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. 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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HUGHES DRILLING REPORT

Well No. I-1
 Farm W. Broers
 SURFACE CASING Size 6 1/4
 Feet 27

PERMANENT CSG.
 Size 2 3/8 8rd Eye New
 Feet 765.75 of pipe float shoe on Bottom

Circulated 12 ex cement

T. D. at Completion 775

Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
7/10/17	0	2	Soil	① 21.5 - 21.5
27	2	24	clay	② 22.5 - 44.0
7/11/17	24	35	Shale	③ 22.5 - 66.5
5/18 PDU	35	59	LIME	④ 22.5 - 89.0
	59	66	Shale (slate 59-60)	⑤ 22.5 - 111.5
	66	76	LIME	⑥ 22.5 - 134.0
	76	81	Shale	⑦ 22.5 - 156.5
	81	101	Lime	⑧ 22.5 - 179.0
	101	140	Shale	⑨ 22.5 - 201.5
	140	172	Lime	⑩ 22.5 - 224.0
	172	187	Shale	⑪ 22.5 - 246.5
	187	190	sand	⑫ 22.5 - 269.0
	190	234	Shale	⑬ 22.5 - 291.5
	234	255	Lime	⑭ 22.5 - 314.0
	255	274	Shale	⑮ 22.5 - 336.5
	274	279	Lime	⑯ 22.5 - 359.0
	279	309	Shale	⑰ 22.5 - 381.5
	309	322	Lime	⑱ 22.5 - 404.0
	322	343	Shale (Lime 326-327)	⑲ 22.5 - 426.5
30'	343	367	Lime	⑳ 22.5 - 449.0
	367	375	Shale (slate 367-368)	㉑ 22.5 - 471.5
20'	375	399	Lime	㉒ 22.5 - 494.0
	399	403	Shale (slate 399-400)	㉓ 22.5 - 516.5
	403	407	Lime	㉔ 22.5 - 539.0
	407	410	Shale	㉕ 22.5 - 561.5
"Horton"	410	415	Lime	㉖ 22.5 - 584.0
	415	526	Shale (Broken 414-422)	㉗ 22.5 - 606.5

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
22	clay	24
11	Shale	35
25	Lime	59
7	Shale	66
10	Lime	76
5	Shale	81
20	Lime	101
39	Shale	140
32	Lime	172
15	Shale	187
3	sand	190
44	Shale	234
21	Lime	255
19	Shale	274
5	Lime	279
30	Shale	309
13	Lime	322
21	Shale	343
30'	29	Lime 367
	8'	Shale 375
20	29	Lime 399
	4'	Shale 403
	4'	Lime 407
	3'	Shale 410
"Horton"	5'	Lime 415
	11'	Shale 526
	2'	sand 528
	35'	Shale 563
	3'	Lime 566
	16'	Shale 582
	10'	Lime 592
	9'	Shale 601
	6'	Lime 607
	6'	Shale 613
	8'	Lime 621
	13'	Shale 634
	3'	Lime 637
	6'	Shale 643
	8'	LIME 651

HUGHES DRILLING CO.

Wellsville, Kansas 66092

Pg. 4

Roger 913-882-2235
Darrel 913-882-4027

Box 913-882-4666
Clay 913-882-4889

LEASE W. Broers #1-1
FORMATION #2 Squirrel
DATE: 7-12-17

3" PDL

FROM	FEEET TO	TIME	MINUTES	REMARKS	
723	724	chip	-	3 } Brown sand (rainbow)	
724	725	chip	-		
725	726	chip	-	3 } solid sand 725-727	
① 726	727	2:06:00~2:07:00	1:00	3 } good bleeding	
② 727	728	2:08:00	1:00	} sand very lamin, w/ shale bleeding (shows some water) in spots	
③ 728	729	2:09:00	1:00		
④ 729	730	2:10:00	1:00		
⑤ 730	731	2:11:00	1:00	} scattered strips of sand shale bleeding	
⑥ 731	732	2:12:00	1:00		
⑦ 732	733	2:13:15	1:15		
⑧ 733	734	2:15:30	2:15		
⑨ 734	735	STOP			
⑩ 735	736				
⑪ 736	737				
⑫ 737	738			(Best Perf Zone 725-730 CCH)	
⑬ 738	739				
⑭ 739	740				
⑮ 740	741				
⑯ 741	742				
⑰ 742	743				
⑱ 743	744				
⑲ 744	745				
⑳ 745	746				



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8678

8563
 8458

TICKET NUMBER 53813

LOCATION Ottawa KS

FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 810723

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-17	3425	N. Broers # 2-1	SW 2	16	20.	FR
CUSTOMER Hughes Drilling			TRUCK #			
MAILING ADDRESS 122 Main St.			DRIVER		TRUCK #	
CITY Wellsville			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66092			DRIVER		TRUCK #	

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 775 CASING SIZE & WEIGHT 2 7/16 5.65
 CASING DEPTH 765 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.950 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 B/M

REMARKS: Hold Safety meeting - Establish circulation. Mix Pump
100 # Gel Flush. Mix & Pump 101 SKs Poz Blend 1A Cement
2% Gel 1/4" Flo Seal/SK. Cement to Surface. Flush
pump & lines clean. Displace 2 1/2" Rubber plug to casing
TD. Pressure to 800 # PSI. Monitor pressure for 30 min
MIT. Release pressure to set float valve. Shut in
Casing.

Customer Supplied Water.

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	495	1500.00
CE0002	15 mi	MILEAGE	495	10725
CE0711	Minimum	Ten Miles Delivery	804	660.00
		Sub Total		22672.50
		Less 55%		10202.62
CC6075	25 #	Cello Flake	50.00	1250.00
CC5840	101 SKS	Poz Blend 1A Cement	1363.50	137715.00
CC5965	270 #	Bentonite Gel	81.00	21870.00
CP8176	1	2 1/2" Rubber Plug	45.00	45.00
		Sub Total		15395.00
		Less 55%		6927.25
		SALES TAX	6%	55.43
		ESTIMATED TOTAL		17681.68

Ravin 3737

AUTHORIZATION _____

TITLE _____

DATE

8/3/17

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.