

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 _____ 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)</i> <i>(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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PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

8852 / 8745
 TICKET NUMBER 54709
 LOCATION El Dorado
 FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811047

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-22-17	4291	Hydr JBD #2	5	35	13E	Chautauque
CUSTOMER JBD / Kansas Energy Co, LLC			29th DATE			
MAILING ADDRESS P.O. Box 68			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Sedan			760	Chris		
STATE Ks.			775	Tracy		
ZIP CODE 67361			574-T103	Mark		
			702	Brad		

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>6 3/4"</u>	HOLE DEPTH <u>857'</u>	CASING SIZE & WEIGHT <u>4 1/2"</u>
CASING DEPTH <u>746'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14 ppq</u>	SLURRY VOL <u>24 Bbls.</u>	WATER gal/sk <u>6.0</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>11.8 Bbl</u>	DISPLACEMENT PSI <u>450</u>	MIX PSI	RATE <u>3 Bpm</u>

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, pumped 5 Bbls water, 10 Bbl Gel Fluid, followed with 10 Bbl water
 Spaces. Mix 90 sacks cement at 14 ppq, shut down - wash out pump line - Release Rubber Plug
 Displaced Plug with 11 3/4 Bbls water, Final Pumping at 450 psi, Load Plug with 800 psi, wait a few minutes
 Release Pressure - Float did not hold, Pressure back up to 800 psi - Release Pressure - Float Did not Hold.
 Pressure back up to 800 psi - closed casing in w/ 800 psi.
 Note: We had good cement returns w/ 5 Bbls slurry once we shut down cement fell back
 wait 15 min, get a cement slurry and fill well backup with cement - mixed 10 Sks cement for
 Top off
 Job complete - Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1,500.00	1,500.00
CE 0002	75	MILEAGE	7.15	536.25
CE 0001	75	P.U. mileage	3.00	225.00
CE 0711	m/c	Bulk Truck charge	660.00	660.00
CE 0525		Blending charge	1.80	180.00
CE 1200	1	4 1/2" cement Plug container	350.00	350.00
CP 8178	1	4 1/2" Top Rubber Plug	75.00	75.00
WS 2402	5 Hrs.	Water Transport	120.00	600.00
13673 CC 5844	100 SACKS	65/35 Pozmix cement	15.50	1550.00
CC 5344	500 lbs.	Sodium Chloride / SALT	1.00	500.00
CC 5965	400 lbs.	Bentonite	.30	120.00
CC 6077	500 lbs.	KO1-SEAL	.50	250.00
CC 6079	40 lbs.	Pheno-SEAL	1.35	54.00
CC 6159 W	5460 gals.	City water	.03	163.80
				6764.05
			52% Discout	-3517.30
			8.5% SALES TAX	110.68
ESTIMATED TOTAL				3357.43

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.

Ackarman Hardware & Lumber
 Ackarman Inc
 160 East Main St
 Sedan, KS 67361
 620-725-3103
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE

1708-102640 PAGE 1 OF 1

SOLD TO
JBD, OKLAHOMA P. O. BOX 68 SEDAN KS 67361

JOB ADDRESS
JBD, OKLAHOMA P. O. BOX 68 SEDAN KS 67361

ACCOUNT	JOB
00821	0
SOLD ON	9/29/2017 11:47:11 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER POS	HYDER LEASE
STATION	A2
CABRIER	CM
SALESPERSON	
ORDER ENTRY	

Quantity	UM	Item	Description	U	V	Price	Per	Amount
20	EACH	MP30080	300.80 CONCRETE MIX 80#	N	Y	5.3500	EACH	107.00

Payment Method(s)

Charge to Acct 117.70

	SubTotal	107.00
KS 10.00%	Sales Tax	10.70
	Deposit	
Please Pay This Amount		117.70

Signature _____