

1369309

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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Form	ACO1 - Well Completion
Operator	Trek AEC, LLC
Well Name	DOPITA A 6
Doc ID	1369309

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	3066	3068			
4	3102	3104			
4	3126	3128			
4	3140	3142			
4	3163	3165			
4	3172	3174			
4	3184	3186			
4	3242	3250			
4	3264	3268			
4	3286	3288			
4	3295	3297			
4	3307	3310			
				3340	
4	3362	3364			
4	3379	3380			

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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	12.5	8.625	28	172	Unknown	125	Unknown
Production	7.875	5.5	14	3434	Unknown	150	Unknown
Production	7.875	4.5	11.6	3047	SMD	200	None
Liner	7.875	3.5	7.58	3013	65/35	250	2% Gel

GRESSEL OIL FIELD SERVICE

Invoice

POST OFFICE BOX 438
 HAYSVILLE, KS 67060
 (316) 524-1225
 FAX (316) 524-1027

BURRTON, KS EL DORADO, KS GREAT BEND, KS HAYS, KS
 (620) 463-5161 (316) 321-2065 (620) 793-3366 (785) 628-3220
 FAX (620) 463-2104

INVOICE NUMBER:
C45709-IN

BILL TO:
TREK AEC, LLC
4925 GREENVILLE AVE.
STE. 915
DALLAS, TX 75206

LEASE: DOPITA A-6

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/18/2017	C45709		09/13/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
25.00	MI	MILEAGE CEMENT PUMP TRUCK		18.00	4.00	82.00
25.00	MI	MILEAGE PICK UP		18.00	2.00	41.00
1.00	EA	PUMP CHARGE		18.00	950.00	779.00
1.00	LB	WIPER PLUG		18.00	65.00	53.30
250.00	SK	65/35 2% GEL		18.00	10.75	2,203.75
9.00	SK	4% ADDED GEL		18.00	22.00	162.36
100.00	LB	FRICTION REDUCER C-37		18.00	4.00	328.00
261.00	EA	BULK CHARGE		18.00	1.25	267.53
287.50	MI	BULK TRUCK - TON MILES		18.00	1.10	259.33
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,176.27
RECEIVED BY _____		NET 30 DAYS		ROOCO Sales Tax:		81.29
				Invoice Total:		4,257.56

There will be a charge of 1.5% (18% annual rate) on all accounts over 30 days past due.
 Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.

TREATMENT REPORT

Acid Stage No. _____

Date 9-13-17 District Gr. Bend P. O. No. 45789
 Company TRC AEC, LLC
 Well Name & No. NOBITA A-6
 Location 31-35-17W Field _____
 County ROOKS State KS
 Casing: Size 4 1/2" Type & Wt. CIP Set size 3015'
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size 3 1/2" Type & Wt. 72 Top at _____ ft. Bottom at 3010' ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swaged at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Iron Hole Size _____ T. I. _____ ft. P. I. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Downs _____ Sbl. /Gal. _____
 _____ Sbl. /Gal. _____
 _____ Sbl. /Gal. _____
 _____ Sbl. /Gal. _____
 Flush _____ Sbl. /Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of (H₂O) / Water in Lead Hole: _____ Sbl. /Gal. _____
 Pump Trucks: No. Used: 320 _____
 Auxiliary Equipment 367-308T _____
 Marker: _____ Set at _____ ft.
 Auxiliary Tools DUANE GREG MIKE _____
 Heating or Sealing Materials: Type _____

Company Representative TANLER Treator DUANE

TIME A.M. / P.M.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
30:				On Loc.
:				BREAK CIR
:				Weld LEAKING CALL WELTER BACK
:				Weld FIXED
700			3	REBREATHE CIR
:			0	MIX C.M.E
:			1700	C.M.E MIXED 250 SLS 60/95 6 1/2 gal
:			0	START DISP. CMT DIA CIR GOOD
:			1800	29 Pump 89 BAR Plug dido 1/2 Lado
:				SHUT DOWN
:				LET 3 BAR BACK
:				CLOSE 3 1/2" IN
:				PUMP LABL. Between 1 1/2" & 3 1/2" SHUT DOWN
:				Close well in
315				Done for the DAY