

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1369479  
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: \_\_\_\_\_

1369479

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](mailto: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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5) (Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|--|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



810 E 7<sup>TH</sup>  
 PO Box 92  
 EUREKA, KS 67045  
 (620) 583-5561



**Cement or Acid Field Report**  
 Ticket No. **3342**  
 Foreman Russell McCoy  
 Camp Eureka

API: 15-019-27575-06-00

| Date                | Cust. ID # | Lease & Well Number | Section        | Township | Range  | County | State  |
|---------------------|------------|---------------------|----------------|----------|--------|--------|--------|
| 5-24-17             | 1180       | Trust #3            |                |          |        | CO     | KS     |
| Customer            |            |                     | Safety Meeting | Unit #   | Driver | Unit # | Driver |
| S.M. Oil + Gas Inc. |            |                     | Rm             | 104      | ALAN M |        |        |
| Mailing Address     |            |                     | Am             | 114      | RICK   |        |        |
| P.O. Box 189        |            |                     | Rick           | 113      | Russ   |        |        |
| City                |            |                     | George         |          |        |        |        |
| State               |            | Zip Code            |                |          |        |        |        |
| OK                  |            | 74070               |                |          |        |        |        |

Job Type Longstring Hole Depth 2105 Slurry Vol. 44 LEAD 24 TAIL Tubing \_\_\_\_\_  
 Casing Depth 2101 Hole Size 6 3/4 Slurry Wt. 12.8 14 # Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0 Water Gal/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement \_\_\_\_\_ Displacement PSI 1100 Bump Plug to 1650 # BPM 4

Remarks: Safety meeting, Rig to 4 1/2 casing, wash down 90' Fill w/ 240 Bbl water, wash well clean TAG Bottom, Pickup 1 Ft to cement on 2 clamps Mix 500 # Gel w/ Hulls, Pump 10 BH SPACER. Mix 150 SK's 50/50 Light cement @ 12.8 w/ 1.6 yield TAIL w/ 100 SK's OWC w/ #1 Phenoseal. Lost circulation w/ 42 Bbl Light mixed. Regain Circulation w/ 9 Bbl TAIL mixed = 11 Bbl TOTAL. Good circulation During Remaining cement procedure. Wash out Pump + Lines Release 4 1/2 TOP Rubber Plug. Displace w/ 34 Bbl water. Final Pump PSI 1100 # Bump Plug to 1650 # check float, float hold. 5 Bbl cement Returns to surface. Job complete, TRIP DOWN. NOTE Gel + cement had a lot of shale cuttings mix in w/ first 3 Bbl. LAST 2 Bbl cement Returns clean.  
THANK YOU Russ + crew

| Code   | Qty or Units | Description of Product or Services | Unit Price      | Total    |
|--------|--------------|------------------------------------|-----------------|----------|
| C-102  | 1            | Pump Charge                        | 1050.00         | 1050.00  |
| C-107  | 30           | Mileage                            | 3.95            | 118.50   |
| C-204  | 150          | SK's 50/50 Pozmix                  | 11.25           | 1,687.50 |
| C-206  | 750 #        | Gel = 6%                           | .20             | 150.00   |
| C-208  | 160 #        | Phenoseal = 1 # per SK             | 1.25            | 200.00   |
| C-202  | 100          | SK's OWC                           | 19.15           | 1915.00  |
| C-208  | 100 #        | Phenoseal = 1 # per SK             | 1.25            | 125.00   |
| C-206  | 500 #        | Gel Flush                          | .20             | 100.00   |
| C-214  | 40 #         | Hulls                              | .45             | 18.00    |
| C-108a | 11.8         | Tons Bulk Truck x 2                | m/c             | 690.00   |
| C-113  | 2 1/2 hr     | 100 Bbl VAC TRUCK C+E Oil          | 85.00           | 212.50   |
| C-224  | 4,000        | gallons City water                 | 10 #/1000       | 40.00    |
|        |              |                                    | SubTOTAL        | 6,306.50 |
|        |              |                                    | Less 5%         | <333.33> |
|        |              |                                    | 8.5 % Sales Tax | 360.02   |
|        |              |                                    | Total           | 6,333.19 |

Authorization Witnessed by FRANK + TOBBY Title Co/Rep Total 6333.19

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.



**SM Oil & Gas, Inc.**  
**P. O. Box 189**  
**Skiatook, Oklahoma 74070**  
620-725-3200

May 9, 2017

Kansas Corporation Commission  
Conservation Division  
266 N. Main Street – Suite #220  
Wichita, Kansas 67202-1513

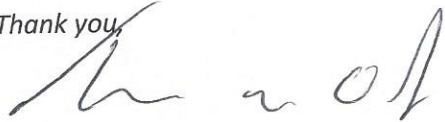
**Re: Trust #3**  
**API #15-019-27575-00-00**  
**Cement Usage ACO-1**

To Whom It May Concern:

*SM Oil & Gas, Inc. buys quantities of Portland Type I cement, which comes on pallets of 35 sacks per pallet, for the companies usage. In this case, the required 10 sacks of cement were mixed by our own drilling rig personnel and used to properly install the surface casing.*

*An invoice showing the bulk quantity of cement is available if needed.*

Thank you,



Thomas H. Oast  
Area Manager