Сс	onfiden	tialit	y Requested:
	Yes	<u> </u>	No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1369588

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 #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	
SWD Permit #: EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West
Recompletion Date Recompletion Date Recompletion Date	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:

	Page Two	1369588
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INSTRUCTIONS: Show important tops of formations penetrated	Detail all cores Benort all final	copies of drill stems tests giving interval tested, time tool

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			Y	les 🗌 No			og Formatio	on (Top), Dep	th and Datum	Sample
(Attach Addit Samples Sent to	ional Sheets) Geological S	Survey	□ Y	/es 🗌 No		Nam	e		Тор	Datum
Cores Taken Electric Log Run Geolgist Report, List All E. Logs F	/ Mud Logs		Y	/es ☐ No /es ☐ No /es ☐ No						
			Ben			Ne Inte	ew Used ermediate, product	ion etc		
Purpose of St	ring	Size Hole Drilled	Si	ize Casing et (In O.D.)	Weig Lbs. /	ht	Setting Depth	Type of Cement		Type and Percent Additives
Purpose:		Depth	Turo	ADDITIONA e of Cement	L CEMENTIN # Sacks		JEEZE RECORD		and Percent Additives	
Perforate		Top Bottom	тур	e of Cement	# Jacks	Useu		Туре а		
Plug Back	TD									
 Did you perform Does the volum Was the hydraul 	e of the total b	ase fluid of the h	ydraulic fr	racturing treatme		-		No (If N	o, skip questions 2 ar o, skip question 3) o, fill out Page Three	
Date of first Produ Injection:	ction/Injection	or Resumed Pro	duction/	Producing Me	thod:	a 🗌	Gas Lift	Other <i>(Explain)</i> _		
Estimated Produce Per 24 Hours		Oil E	3bls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF C	GAS:			METHOD OF		-		PRODUCTIC Top	DN INTERVAL: Bottom
Vented (If vented	Sold	Used on Lease D-18.)		Open Hole	Perf.			mmingled mit ACO-4)		
Shots Per Foot	Perforation Top	n Perfora Botto		Bridge Plug Type	Bridge Plug Set At	9	Acid	, Fracture, Shot (Amount and	, Cementing Squeeze I Kind of Material Used)	Record

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	S & B Operating LLC
Well Name	ABC SBI-1
Doc ID	1369588

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7	17	22	Portland	4	NA
Production	5.875	2.875	6.5	367	Poz Blend	59	See Ticket

RECEIVED JUN 0 5 2017



Operator: S&B Operating, LLC Overland Park, KS

ABC #SBI-1

Miami Co., KS 22-17S-22E API: 121-31340

Driller's Log

Spud Date:	5/26/2017
Surface Casing:	7.0"
Surface Length:	22.4'
Surface Cement:	4 sx
Longstring:	2 7/8 EUE

Surface Bit:	9.875"
Drill Bit:	5.875"
Longstring:	366.55'
Longstring Date:	5/30/2017

			0 -09
Тор	Bottom	Formation	Comments
0	2	Soil	
2	15	Lime	
15	39	Shale	
39	44	Lime	
44	78	Shale	
78	95	Lime	
95	100	Shale	
100	132	Lime	
132	134	Shale	
134	155	Lime	
155	159	Shale	
159	174	Lime	
174	314	Shale	
314	318	Red Bed	
318	346.5	Sand	318-324 Sar
346.5	372	Shale	324-328 Bro
372		TD	328-330 Bro
	Core		330-333.5 La
Run	Depth	Rec.	333.5-335 Li
1	328-348	19'	335-336.5 S
			336 5-340 1

318-324 Sandy shale & sand, slight odor, no bleed
324-328 Broken sand, slight bleed in samples
328-330 Broken, mostly shale, slight spotty bleed
330-333.5 Laminated, mostly sand, no bleed back
335-335 Limey sand, white, no oil
335-336.5 Soft brown sand, good bleed
336.5-340 Laminated, mostly good soft brown sand
340-344.5 Laminated sand with good odor, bleed
back more spotty than above
344.5-346.5 Laminated sand, gassy, fair bleed

OB 08 884, Chanute, KS 6870 FIELD TICKET & TREATMENT REPORT FOREMAN Algo 1 Made DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANCE COUNT DATE CUSTOMER# WELL NAME & NUMBER SECTION TOWNSHIP RANCE COUNT SUSTOMER Dep Cathing WELL NAME & NUMBER SECTION TOWNSHIP RANCE COUNT SUSTOMER Dep Cathing TUSTOMER TUSTO	- CHA	NSOLIDATED	41	50/1	LOCATION		452
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DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNT 5.35-17 73 81 ABC SOF -1 35 22 17 22 Mi SIGMER SOPERATING SIGMER POPULATING SIGMER POPULATION OF SIGNICES OF PRODUCT UNIT PRICE POPULATION SIGMER POPULATION OF SIGNICES OF PRODUCT SIGMER					ORT INVOID	#8103	50
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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.