

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)</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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Ackarman Hardware & Lumber

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

CUSTOMER COPY



INVOICE

1709-104486 PAGE 1 OF 1

SOLD TO
STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070

JOB ADDRESS
STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070 918-396-3020

ACCOUNT	JOB
00680	0
SOLD ON	9/25/2017 9:43:10 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	A2
CASHIER	DK
SALESPERSON	CM
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	14.9500	EACH	149.50
			Grade A # 7-10					

Payment Method(s) Buyer: TOM OAST

Charge to Acct 164.45

	SubTotal	149.50
KS 10.00%	Sales Tax	14.95
	Deposit	
Please Pay This Amount		164.45

TOM OAST
 Signature TOM OAST

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



Cement or Acid Field Report

Ticket No. **3567**
 Foreman Russell mcloy
 Camp Eureka

Date	Cust. ID #	Lease & Well Number		Section	Township	Range	County	State
10-3-17	1180	Goode A 7-10					CQ	KS
Customer			Safety Meeting Rm DAVE JASON RICK	Unit #	Driver	Unit #	Driver	
Mailing Address				105	DAVE			
City				113	JASON			
State				141	RICK			
State		Zip Code						
OK		74070						

Job Type LIS Hole Depth 852' Slurry Vol. 36 Bbl Tubing _____
 Casing Depth 842 Hole Size 7 7/8 Slurry Wt. 13.6 Drill Pipe _____
 Casing Size & Wt. 5 1/2 17" Cement Left in Casing 0 Water Gal/SK _____ Other _____
 Displacement 20 Bbl Displacement PSI 400 Bump Plug to 900' BPM 4

Remarks: SAFETY meeting, Rig to 5 1/2 casing, Load casing w/ 20 Bbl water.
Break Circulation w/ 29 total Bbl. Shut-down w/ 50 Bbl pumped to work out air.
Mix + Pump 500# gel w/ Hulls 5 Bbl spacer, Mix + Pump 140 SKs 60/40
4% Gel 1 1/2% cacl2 2# Phenoseal @ 13.6 w/ yield 1.44 = 36 Bbl Slurry.
Shut Down, Release 5 1/2 top Rubber Plug, Displace w/ 20 Bbl water.
Final Pump PSI 400# Bump Plug to 900'. 6 Bbl Good cement Returns
to Surface. Job complete, Tear Down. Float Held. Close casing in
@ 0 PSI.

Thank you
 Russell mcloy

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-203	140	SKs 60/40 Pozmix	12.75	1785.00
C-206	480#	4% Gel	.20	96.00
C-208	280#	2# Phenoseal perisk	1.25	350.00
C-205	100#	1 1/2% cacl2	.60	60.00
C-206	500#	gel Flush	.20	100.00
C-214	40#	Hulls	.45	18.00
C108A		Ton Mileage	MIC	345.00
C-404	1	5 1/2 TOP Rubber Plug	70.00	70.00
C-113	3 hr	80 Bbl water Truck	85.00	255.00
C-224	3,300	gallons city water	10 th / 1000	33.00
				4,280.50
			Sales Tax	
Authorization by <u>JOEL Potts</u> Title _____			Total	

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.