Confidentiality Requested:

Yes No

#### Kansas Corporation Commission Oil & Gas Conservation Division

1372434

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:	SecTwpS. R			
Address 2:	Feet from North / South Line of Section			
City: State: Zip:+	Feet from _ East / _ West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()	□NE □NW □SE □SW			
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
□ Oil □ WSW □ SWD	Producing Formation:			
Gas DH EOR	Elevation: Ground: Kelly Bushing:			
☐ OG ☐ GSW	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? Yes No			
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)			
Committed at Provider	Chloride content: ppm Fluid volume: bbls			
☐ Commingled     Permit #:	Dewatering method used:			
SWD Permit #:	Location of fluid disposal if hauled offsite:			
EOR Permit #:	Location of fluid disposal if fladied offsite.			
GSW Permit #:	Operator Name:			
<u> </u>	Lease Name: License #:			
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West			
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 Approved by: Date:							

Page Two

1372434

Operator Name:	:						Lease	Name: _				W	/ell #:	
Sec Tv	vp	S. R.		East	t 🗌 V	Vest	Count	y:						
open and closed and flow rates if	d, flowing an gas to surfa rity Log, Fin	nd shut ace tes al Logs	in pressu t, along w run to ob	ures, who vith final otain Geo	ether si chart(s ophysic	hut-in pre s). Attach cal Data a	essure rea extra she and Final I	ched statet if more	c level space	, hydrosta e is needed	tic pressures d.	s, botton	n hole tempe	val tested, time tool erature, fluid recovery, v. Digital electronic log
Drill Stem Tests (Attach Addi	Taken	s)		Y	⁄es [	No		L	.og	Formatio	n (Top), Dep	oth and	Datum	Sample
Samples Sent to		•	ey .	Y	⁄es [	No		Nam	е				Тор	Datum
Cores Taken Electric Log Rur Geolgist Report List All E. Logs I	/ Mud Logs	5		Y	′es [ ′es [ ′es [	No No No								
List All L. Logs I	iuii.													
				Rep	ort all s		RECORD			Used ite, producti	on, etc.			
Purpose of S	tring	Size I Drill			ze Casi et (In O.			eight . / Ft.		Setting Depth	Type of Cement		# Sacks Used	Type and Percent Additives
					ADI	DITIONAL	. CEMENT	ING / SQL	JEEZE	RECORD	<u> </u>			
Purpose: Perforate Protect Complete Plug Back		Dep Top Bo		Тур	e of Cer	ment	# Sack	s Used			Туре а	and Perd	cent Additives	
Plug Off Z														
Did you perform     Does the volum     Was the hydrau	ne of the total	l base flu	uid of the h	ydraulic fr	acturino					Yes Yes Yes	No (If N	lo, skip c	questions 2 an question 3) t Page Three (	
Date of first Produ	uction/Injection	on or Re	sumed Pro	duction/		lucing Meth	nod:	ina	Gas Li	ft 🗆 C	ther (Explain)			
Estimated Produ Per 24 Hours			Oil B	Bbls.			Mcf	Wat			ols.	Gas	s-Oil Ratio	Gravity
DIED	OSITION OF	- CAS:					4ETHOD O	E COMPLI	TION:				BBODLICTIC	N INTERVAL:
Vented	Sold	Used o	on Lease		Open H	_	METHOD O	Dually	Comp. ACO-5		nmingled mit ACO-4)	-	Тор	Bottom
	ted, Submit AC									•	,			
Shots Per Foot	Perforat Top	tion	Perforat Bottor		Bridge Typ		Bridge P Set At			Acid,	Fracture, Shot (Amount and		nting Squeeze Material Used)	Record
TUBING RECOP	RD:	Size:		Set At:			Packer At:							

Form	ACO1 - Well Completion
Operator	Finfrock, Michael F. dba Rocky Road Oil Company
Well Name	THOMPSON 2A
Doc ID	1372434

### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			Type Of Cement		Type and Percent Additives
Surface	10	7	20	20	portland	6	0
Production	10	2.78	20	630	portland	80	0

Doos skillsteel Solvices

Robert Doollitale

1-620-228-1412 Sold 12 sacks of Pertland Lement to Rocks Read oil Campanton 03/01/17,

6 sachs used on Thompson IA Robert Dedical to set surface. Pard in Full

John): \$ 192,85

## PAYLESS CONCRETE PRODUCTS,INC.

P.O. BOX 664 802 N. INDUSTRIAL RD. IOLA, KS 66749

Voice: 620-365-5588

Fax:

To:
MIKE FINFROCK
2189 45TH ST.
BRONSON, KS 66716

# STATEMENT

Statement Date:

Sep 18, 2017

Customer Account ID: F1004

Amount Enclosed

Date	Due Date	Reference	Paid	Description	Amount	Balance
7/10/17	8/10/17	42790		PO# WELL 2A	933.34	933.34
3/31/17	8/31/17	FC8Vf0000		PO# Late Charge	31.91	965.25
		789				19
			_			
					PAU	D
					TOTAL	965.2

0-30	31-60	61-90	Over 90 days
31.91	0.00	933.34	0.00

## AYLESS CONCRETE PRODUCTS, INC.

P.O. BOX 664 802 N. INDUSTRIAL RD. IOLA, KS 66749

Fax:

Voice: 620-365-5588

Ship to:

MIKE FINFROCK 2189 45TH ST. BRONSON, KS 66716

Invoice Number: 42790

Jul 10, 2017

Invoice Date:

Page:

Duplicate

Bill To: MIKE FINFROCK 2189 45TH ST. BRONSON, KS 66716

Customer ID	Customer PO	Payment Terms  Net 10th of Next Month		
F1004	WELL 2A			
Sales Rep ID	Shipping Method	Ship Date	Due Date	
	TRUCK		8/10/17	

Quantity	Item	Description	Unit Price	Amount
	CEMENT/WATER	CEMENT & WATER PER BAG MIX	7.00	560.00
80.00		MIXING & HAULING	2.50	200.00
1.75	TRUCKING	TRUCKING CHARGE	60.00	165.00
		Subtotal Sales Tax Total Invoice Amount		865.00 68.34 933.34
Check/Credit Mem	no No:	Payment/Credit Applied		
		TOTAL		933.34

Service for Shompson 2 A Casing setting depts 20'7" cement circulated to surface. payless ticket has 80 sacks of portland 21/8 was set in at 630' the total Dept of well is 639. Michel F Fifth D. B. A. Rocky Road oil co.

Conservation Division 266 N. Main St., Ste. 220 Wichita, KS 67202-1513



Phone: 316-337-6200 Fax: 316-337-6211 http://kcc.ks.gov/

Sam Brownback, Governor

Pat Apple, Chairman Shari Feist Albrecht, Commissioner Jay Scott Emler, Commissioner

November 20, 2017

Michael F. Finfrock Finfrock, Michael F. dba Rocky Road Oil Company 2189 45TH ST BRONSON, KS 66716-9117

Re: ACO-1 API 15-011-24564-00-00 THOMPSON 2A NW/4 Sec.19-24S-22E Bourbon County, Kansas

Dear Michael F. Finfrock:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/16/2017 and the ACO-1 was received on November 17, 2017 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

**Production Department**