

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1373413
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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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: _____

1373413

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 _____
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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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Form	ACO1 - Well Completion
Operator	Staab Oil Co., a General Partnership
Well Name	TODD HIXON ROAD 1
Doc ID	1373413

Tops

Name	Top	Datum
anhydrite	1759	573
base	1809	523
topkea	3377	-1045
hebnr	3592	-1260
toronto	3614	-1282
lansing	3629	-1297
bkc	3861	-1529
arbukle	4016	-1684
T.D.	4110	-1778



250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer:	Global Cementing/Staab Oil Company	Customer Name:		Ticket No.:	100753		
Address:		Contractor:	Shields Drilling	Date:	6/13/2015	6/13/17	
City, State, Zip:		Job type:	Longstring	Well Type:	Oil		
Service District:	Hays, Ks.	Well Details:		9	Twp:	12S	R: 21W
Well name & No.:	Todd Hixon Road #1	Well Location:	Hays	County:	Trego	State:	Kansas
Equipment #	Driver	TRUCK CALLED			AM	TIME	
230	Cody	ARRIVED AT JOB			PM	2:30	
241	Sheldon	START OPERATION			AM		
163-250	Todd	FINISH OPERATION			PM		
25	Tony	RELEASED			AM	8:30	
		MILES FROM STATION TO WELL			PM	25	

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
C001	Heavy Equip. One Way	mi	75.00	\$3.25	\$243.75	\$170.63
C002	Light Equip. One Way	mi	25.00	\$1.50	\$37.50	\$26.25
C003	Ton-Mileage One-way	mi	759.00	\$1.30	\$986.70	\$690.69
C019	Cement Pump	ea	1.00	\$950.00	\$950.00	\$665.00
CP006	Regular-Class A Cement	Sack	150.00	\$16.25	\$2,437.50	\$1,706.25
CP009	60/40 Pozmix Cement	Sack	450.00	\$12.85	\$5,782.50	\$4,047.75
CP013	Bentonite Gel	lb	2,604.00	\$0.30	\$781.20	\$546.84
CP014	Calcium - Chloride	lb	774.00	\$1.00	\$774.00	\$541.80
CP015	KOL-Seal	lb	750.00	\$0.65	\$487.50	\$341.25
CP020	Salt	sack	23.00	\$7.00	\$161.00	\$112.70
C012	Cement Plug Container	job	1.00	\$275.00	\$275.00	\$192.50

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts may pay interest on the balance past due at the rate of 1 1/4% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount. In the event it is necessary to employ an agency and/or attorney to affect the collection of said account, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any and all discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount will become immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Discount rate is based on 30 days net payment terms or cash.

DISCLAIMER NOTICE:

This technical data is presented in good faith, but no warranty is given by and H.S.I assumes no liability for advice or recommendations made concerning results to be obtained from the use of any product or service. The information presented is HSI best estimate of the actual results that may be achieved and should be used for comparison purposes and make no guarantee of future production performance. Customer warrants that well and all associated equipment in acceptable condition to receive services by H.S.I. Likewise, the customer will guarantee proper operational care of all customer owned production and associated equipment, while H.S.I. is on location performing services which could adversely affect the performance of such services. Authorization below acknowledges receipt and acceptance of all terms and conditions stated

X
CUSTOMER AUTHORIZED AGENT

Gross:	\$ 12,916.65	Net:	\$ 9,041.66
Total Taxable	\$ -	Tax Rate:	
Frac and Acid service treatments designed with intent to increase production on newly drilled or existing wells are not taxable.		Sale Tax:	\$ -
		Total:	\$ 9,041.66
Date of Service:	6/13/2017		
HSI Representative:	Todd Seba Tony P		

Customer Comments:



HURRICANE SERVICES INC

Customer:	Staab Oil Company	Date:	6/13/2017	Ticket No.:	100753
Field Rep:	Global Cementing Heath Long				
Address:					
City, State:					
County, Zip:					

Field Order No.:	100753
Well Name:	Todd Hixon Road #1
Location:	Ellis
Formation:	
Type of Service:	Longstring
Well Type:	Oil
Age of Well:	New
Packer Type:	
Packer Depth:	
Treatment Via:	Casing

Open Hole:	
Casing Depth:	4108'
Casing Size:	5 1/2 14 Lb
Tubing Depth:	
Tubing Size:	
Liner Depth:	
Liner Size:	
Liner Top:	
Liner Bottom:	
Total Depth:	4110'

Perf Depths (ft)	Perfs
Total Perfs	0

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
12:30 PM					Called Out			
					Float Equipment already on Location Global Cementing			
2:30 PM					Tony on Location Run Float Equipment			
					TD=4110' TP=4108' SJ= 41.70'			
					Run 112 Jt's 5 1/2 14 Lb Casing			
					AFU Float Shoe & LD Baffle 1 St Jt=41.70'			
					Centralizers on Jt's 2-3-5-7-11-13-15-59			
					Cement Baskets on Jt's 1-59			
4:00 PM					Trucks on Location			
					Hold Safety Meeting Spot & Set Up Trucks			
5:15 PM					Casing On Bottom & Drop Ball			
5:30 PM					Hook up to Casing Break Circulation W/Rig			
6:23 PM	4.8		260.0		Start Pumping H2O			
6:28 AM	3.3		100.0		Start Plug Rat Hole 30 Sk 60/40 6% Gel 2% CC			7.50
6:34 PM	4.7		250.0		Start Mix & Pump Lead 60/40 6% Gel 2% CC			
					Start Mix & Pump Tail Class A 10% Salt 2%Gel 5Lb/skKoseal			186.26
7:30 PM					Shut Down Clear Pump & Lines Release LD Plug			38.20
7:35 PM	6.0		200.0		Start Displacement H2O			
TOTAL:						-	-	559.96

SUMMARY

Max Fl. Rate	Avg Fl. Rate	Max PSI	Avg PSI
6.0	4.7	1,750.0	632.5

PRODUCTS USED

Treater: Tony P Todd Seba

Customer: Heath Long



HURRICANE SERVICES INC

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	HCL (gls)	FLUID (bbis)
	FLUID	N2/CO2	STP	ANNULUS				
	6.0		650.0		Lift Pressure			47.00
	5.0		850.0		Slow Rate			85.00
	3.0		1,000.0		Slow Rate			95.00
8:00 PM			1,750.0		Plug Down			101.00
					Release Pressure Float Held			
					3/4 Bbl Back			
					Wash Up Truck & Rack Up Truck			
					Off Location			
					Thank You			
					Please Call Again			
					Todd Tony Cody Sheidon			
					Global Cementing Float Equipment			
					Hurricane Cement Equipment			
					Lead 420 sacks 60/40 6% Gel 2% CC			
					Tail Class A 10% Salt 2% Gel 5 Lb/Sk Koseal			
					30 Sack 60/40 6% Gel 2% CC Rat Hole			