

Confidentiality Requested:

Yes  No

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

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) (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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PRESSURE PUMPING LLC  
 PO Box 884, Chanute, KS 66720  
 620-431-9210 or 800-467-8676

Conductor

TICKET NUMBER 54749  
 LOCATION 180 Eldorado  
 FOREMAN Jacob Storm

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-20-17		Schmidt Friesenn 30-1	30	22S	3W	Harvey
CUSTOMER Ressler o.i.			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			760	Chris		
CITY			491	BOBBY		
STATE			557	Jacob		
ZIP CODE						

JOB TYPE Surface B HOLE SIZE 17" HOLE DEPTH 300 ft CASING SIZE & WEIGHT 13 3/8  
 CASING DEPTH 291.27 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14 lb SLURRY VOL 65.005 bbl WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 10 ft  
 DISPLACEMENT 44.5 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, tie onto 13 3/8 pump 10 bbl water, mix 250  
sk.s class A 2/gal 3/cc 1/2 lb poly-flake, displace with 44.5 bbl  
circulated 20 bbl to fit good cement

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0007	50	MILEAGE	7.15	357.50
CE0710	587.5	ton mileage	1.75	1028.13
CLS871	250 sks	Surface blend #	23.00	5750.00
CC6025	125	poly-flake	2.00	250.00
			Subtotal	8885.63
			-	4887.10
			total	3998.53
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.



PRESSURE PUMPING LLC  
PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

*Producing string*

TICKET NUMBER 54750

LOCATION 180

FOREMAN Jacob Storm

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

*AP: 15-079-20716-00-00*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-29-17		Schmidt Friesen 321	30	22	3W	Harvey
CUSTOMER			TRUCK #			
Ressler well service			446	Jeremy M		
MAILING ADDRESS			611	Jeremy A		
PO Box 525			557	Jacob		
CITY	STATE	ZIP CODE	DRIVER			
Burrton	KS	67020				

JOB TYPE Long String B HOLE SIZE 7 7/8 HOLE DEPTH 2603 CASING SIZE & WEIGHT 5 1/2 15.5  
 CASING DEPTH 2603 DRILL PIPE N/A TUBING N/A OTHER 13 ft shoe  
 SLURRY WEIGHT 14.3 lb SLURRY VOL 41.40 WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 13 ft  
 DISPLACEMENT 61.64 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: *Salty meeting Centralizer on 12, 3, 5, 9, 13, Burrton on 6  
 Run pipe, circulate with mud for 30 min tie onto 5 1/2  
 pump 5 water 800 gal mud flush sweater, mix 12.5 sks class A  
 10/ salt, 4/ gel, 5 lbs kol-seal, 3/4 lb pheno-seal, displace with  
 61.64 bbl hurling plug at 1000 psi check float, float hold  
 job complete.*

*Plug Rat Hole with 2.5 sks*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE		
CE0022	50	MILEAGE	19.00	1900.00
CE0710	1	min bulk delivery	7.15	357.50
CC5800A	150	class A	4.40	660.00
CC5326	750	salt	20.00	3000.00
CC5965	600	gel	1.00	750.00
CC6077	750	kol-seal	.30	180.00
CC6079	100	pheno-seal	1.50	375.00
CC6125	500	mud flush	1.35	135.00
CP2254	1	5 1/2 hatch down plug	1.65	325.00
CP2485	1	5 1/2 APC shoe	400.00	400.00
CP8576	6	5 1/2 tubing	585.00	585.00
CP8651	1	5 1/2 Basket	110.00	660.00
			360.00	360.00
			Subtotal	9687.50
				4650.50
			total	5037.50
				100.00
			SALES TAX	4937.50
			ESTIMATED TOTAL	4937.50

*waiting time*

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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.

# Terry McLeod

Consulting Geologist  
 P.O. Box 503  
 Wichita, Kansas 67201  
 316-640-2440

## GEOLOGIST'S REPORT DRILLING TIME AND SAMPLE LOG

OPERATOR Bessler Well Service

LEASE Schmidt-Friesen WELL NO. 30-1

FIELD Hollow Nickel

LOCATION N/2 NW/4 NE/4

SEC. 30 TWP. 22S RGE. 3W

COUNTY Harvey STATE Kansas

CONTRACTOR C+G Drilling Co. RIG # 1

COMM. 11/20/2017 COMP. 11/29/2017

RIG 2616 LOG TD 2610'

SAMPLES SAVED FROM 2206 TO RTD

DRILLING TIME KEPT FROM 2206 TO RTD

SAMPLES EXAMINED FROM 2206 TO RTD

GEOLOGICAL SUPERVISION FROM 2235 TO RTD

MUD UP 2206' TYPE MUD chemical

FORMATION Brown lime TOP 2429 LOG DATUM -975 TOP SAMPLE DATUM 2437-983 STRUCT. COMP. 44

Lansing "C" TOP 2467 LOG DATUM -1013 TOP SAMPLE DATUM 2475-1021 STRUCT. COMP. 42

Lansing "C" TOP 2502 LOG DATUM -1048 TOP SAMPLE DATUM 2510-1056 STRUCT. COMP. 43

### ELEVATION

KB 1454

DF 1448'

Measurements Are All From K.B.

### CASING RECORD

SURFACE 13 3/8 @ 300'

PRODUCTION 5 1/2"

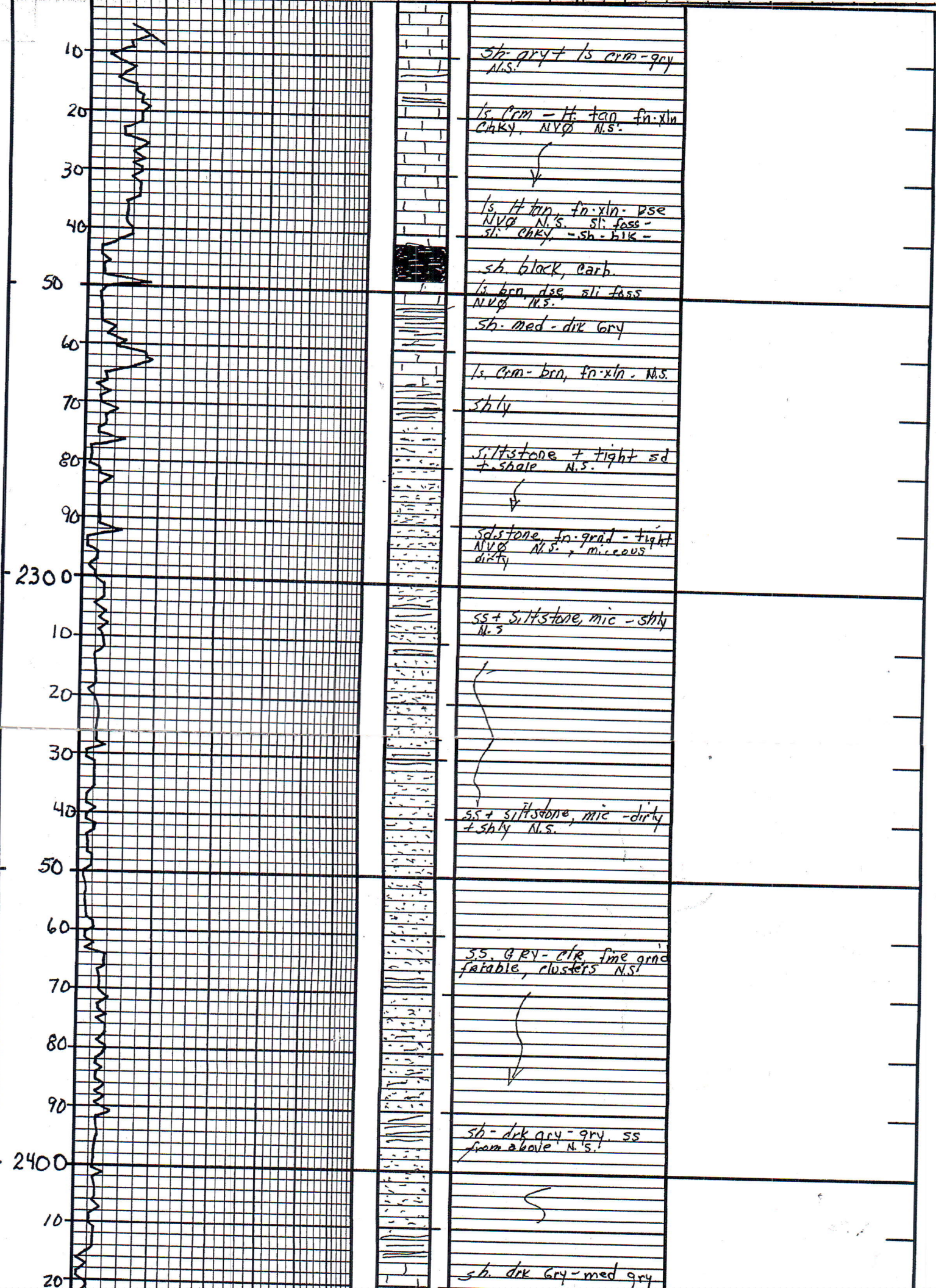
### ELECTRICAL SURVEYS

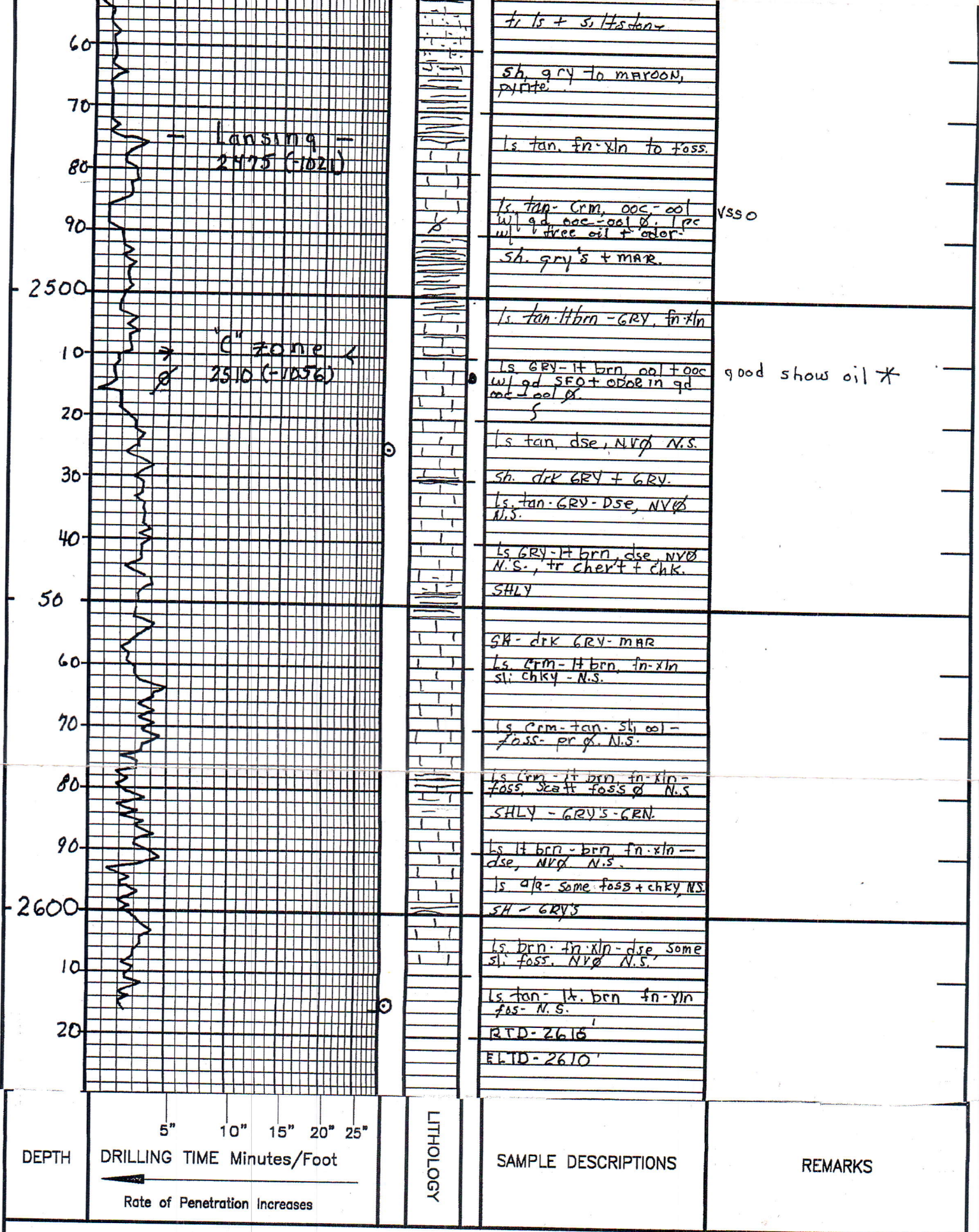
Pioneer Energy Services  
 Density/Neutron  
 Dual Induction



REFERENCE WELL FOR STRUCTURAL COMPARISON Kantor Oil Co. Wardens 1B  
C 300 Sec. Sec 19 - 22S - 3W, Harvey Co. KS 1459 KCB

DATE	DEPTH	NO	SIZE	MAKE	TYPE
11/20/17	mirt	1	1 7/8		RR
11/21/17	300' shot down	2	7/8		PDC
11/26/17	300'	3	7/8	51159	
11/27/17	807' drlg				
11/28/17	2206' drlg				
11/29/17	2616' RTD-Elog				
	Run pipe				
FORMATION	INTERVAL	DESCRIPTION OF SHOW			
Lansing "C"	2510-16	Limestone, grey to light brown, and oolitic of w/ good show of f. f good odor w/ good sp. sat. in			
		log measurements higher than drillers (6-8')			





COMPANY Ressler Well Service  
 LEASE Schmidt - Friesen 30-1  
 LOCATION N/2 NW/4 NE/4 SEC. 30 TWP 22S RNG. 3W

ELEVATION: 1454 K.B.