

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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SWIFT Services, Inc.

DATE 8/31/17 PAGE NO. 1

WELL NO. B#2		LEASE Mosier		JOB TYPE Cmt Long String		TICKET NO. 30486		
START NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1730							On location, w/ Float Equip 5 1/2" x 14 # RTD 2397' Baffle 2365' 400 SKS 5MD 1/4# Flocele Centralizers on 1, 4, 7, 16, 20, 35 Baskets on 2, 21, 36
								COPY
	1800							
	1910							Start Running Csg/ Float Equip Break Circ on Bottom
	1930	2 1/2	8					Plug RH w/ 30 SKS
	1940	4 1/2	12					Start Mud Flush 500 gal
		4 1/2	20					Pump K.L.H Flush
	1945	5 1/2						* Start Cmt 300 SKS @ 11.2
	2025	5 1/2	166					200 Bring Wt up to 14 # for 70 SKS
	2035	4 1/2	186					200 Fin Cmt, Drop Plug
	2040							Washout Pump + Lines
	2041	8						Vac Start Displacement
	2043	6	40					500 Caught Cmt
	2045	6	58					600/100 Land Plug. Lift 600/land 1100
	2050							Release back, Dry Cement to Surface
	2100							Washup truck Rack up
	2115							Job Complete

Thanks,
Jon, Austin, Isaac

API # 15-179-20009-00-01

Well Name & No: Hoxie (Mosier B) #2

Operator John O. Farmer Inc.
 Location: 1650 FSL & 330 FEL, Section 36-03-29w

County: Shelby State: Kansas
 Tool Pusher: Lois Lang 785-769-4153
 Rig Phone: 785-421-7055

Rig No: 1 Contractor: STP Drilling, LLC
 Drill collars: 12 Size: 6.25 x 2.25
 Make Pump: Emsco D 375

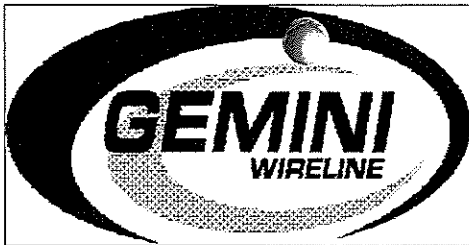
Spud 8/29/17 @ 1:00 PM

Approx. TD: 2420 Elevation: 2766 est G.L. 2773 est KB Hole Complete: _____
 Mud Co: Mud Co Mud Engineer: Reid Atkins Water Pond _____

Date	8/29/2017	8/30/2017	8/31/2017							
Days	1-spud	2-ream	3-TOH, ream							
Depth		650	2017							
Ft. Cut										
D.T.										
D.T.										
C.T.		4	9							
Bit Wt.	5,000	5,000								
RPM	80	80	80							
Pressure										
SPM										
Mud Cost										
Mud Wt.										
Viscosity										
Water Loss										
Chlorides										
L.C.M.										
Dev. Sur										
Dev. Sur										
Fuel	1850	1718	1646							
Water-Pit	full									
ACC Bit Hrs										
Formation										
Weather		CIR								
No.	Size	Type	Out	Ft.	Hrs.	Cum Hrs.	Bit Cond	Serial #	Tops	
1	7 7/8	Sm F 27					RR			
2	7 7/8									
3										
Depth	Size	Sacks	Cement Material			Plug down	Drilled Out	Remarks		
	8 5/8		Common, 3% cc, 2% gel							
No.	Interval		Open	Shut	Open	Shut	Recovery			
1										
2										
3										
4										
5										
6										
7										
8										
9										

Surface casing furnished by: _____

Remarks: Spud @ 1:00 PM, 8/29/17, drill plugs, TOH @ 650'



CEMENT
BOND
LOG

Wellbore Copy

Company John O Farmer, Inc. Well Mosier B #2 Field N/A County Sheridan State KS	Company John O Farmer, Inc. Well Mosier B #2 Field N/A County Sheridan State KS	
	Location: API #: 15 179 20009-00-01 1650' FSL & 330' FEL SEC 36 TWP 8S RGE 29W	Other Services Elevation K.B. 2771' D.F. 2770' G.L. 2764'
	Permanent Datum Ground Level Elevation 2764' Log Measured From KB 7' AGL Drilling Measured From KB	

Date	9-7-17
Run Number	One
Depth Driller	2434'
Depth Logger	2364'
Bottom Logged Interval	2358'
Top Log Interval	Surface
Open Hole Size	7 7/8"
Type Fluid	Water
Density / Viscosity	///
Max. Recorded Temp.	///
Estimated Cement Top	436'
Time Well Ready	12:30 p.m.
Time Logger on Bottom	12:45 p.m.
Equipment Number	T-968
Location	Hays, KS
Recorded By	C. Patterson
Witnessed By	Mr. Duane Eichman

Borehole Record				Tubing Record			
Run Number	Bit	From	To	Size	Weight	From	To

Casing Record	Size	Wgt/Ft	Top	Bottom
Surface String	8 5/8"	26#	0'	
Prot. String				
Production String	5 1/2"	14#	0'	2396'
Liner				

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in case of gross or willful negligence on our part, be liable or responsible for any loss costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. The interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

South of Hoxie To 30 Rd., Then West to 30 S Rd.
Then South 1/2 mi. on 30 S Rd., South West into Location through Gate

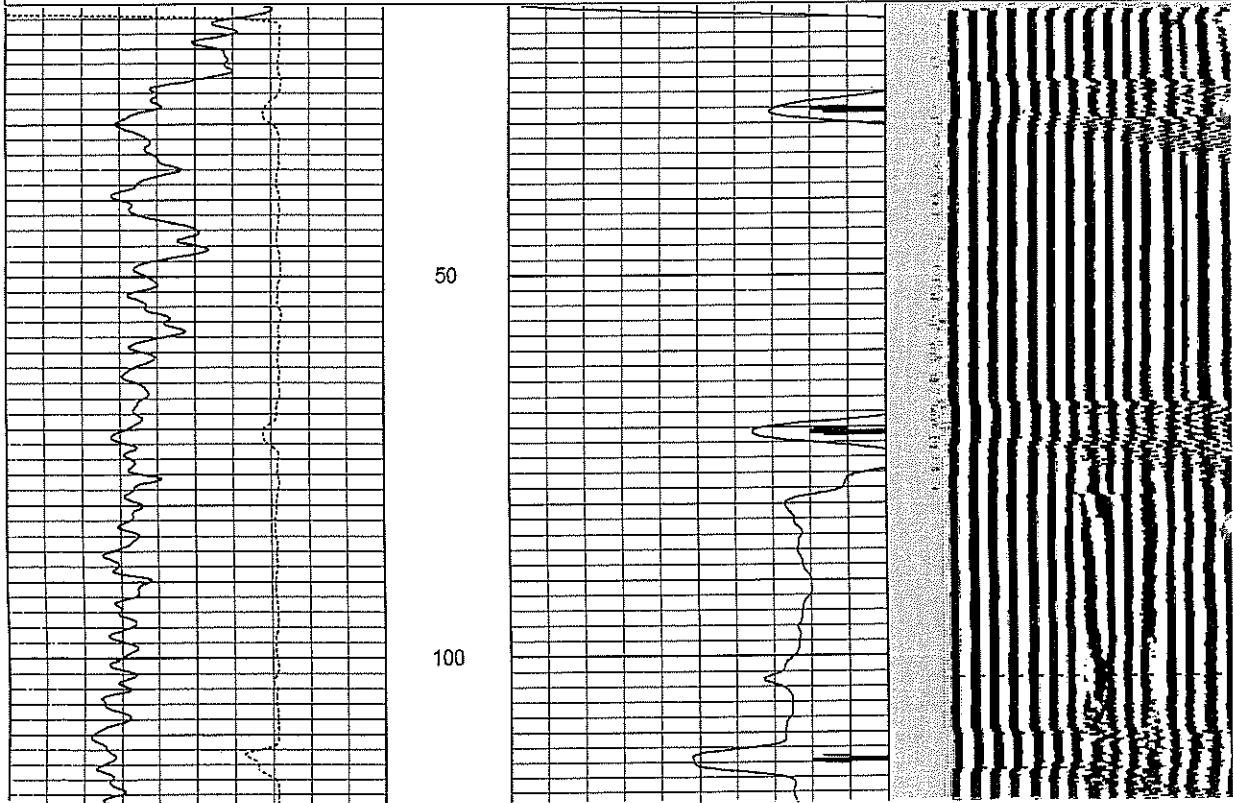
Thanks For Using Gemini Wireline, LLC.
785-625-1182

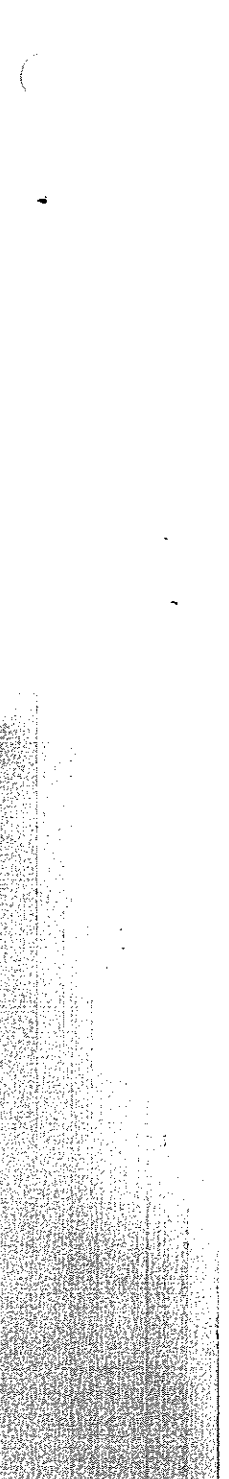
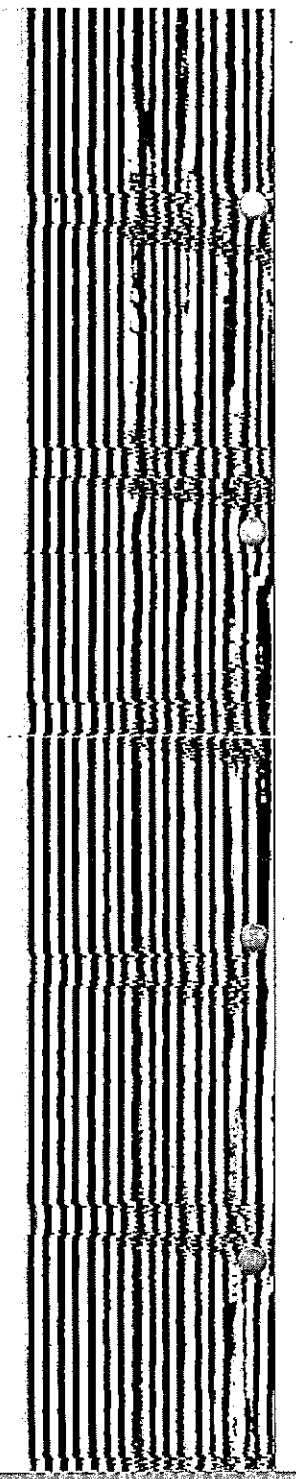
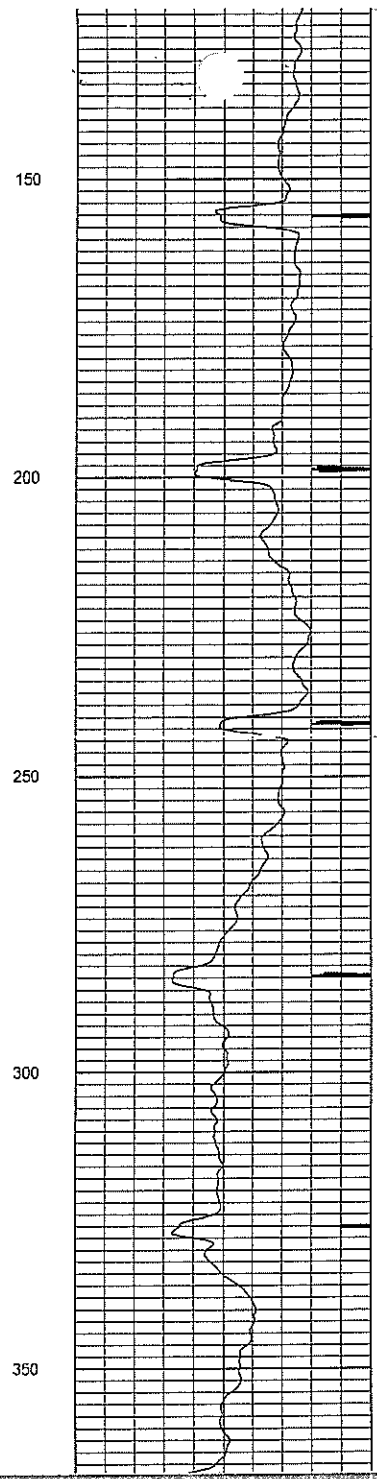
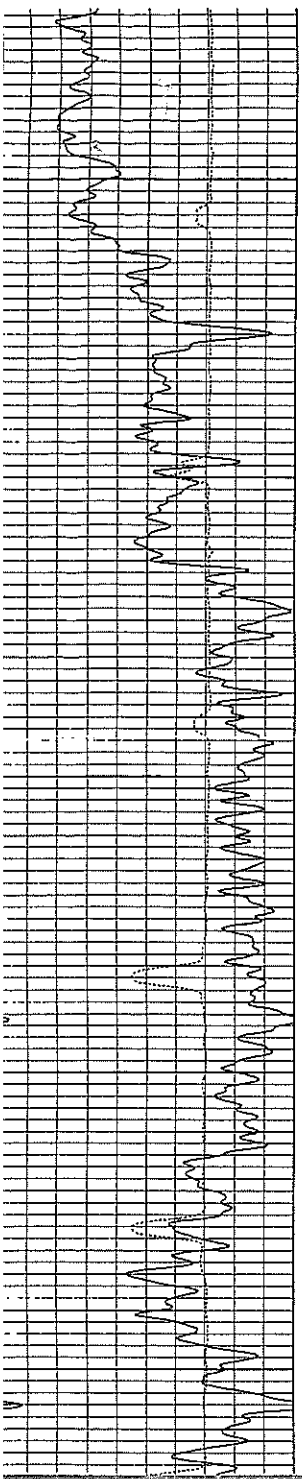


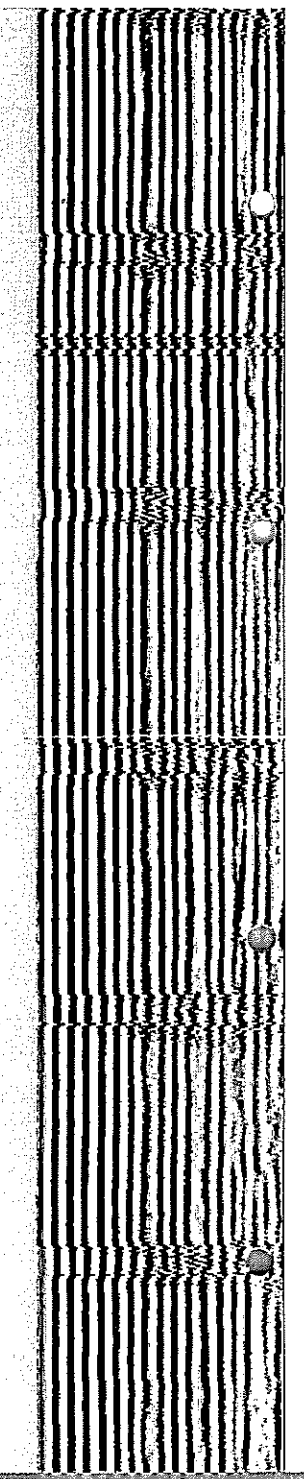
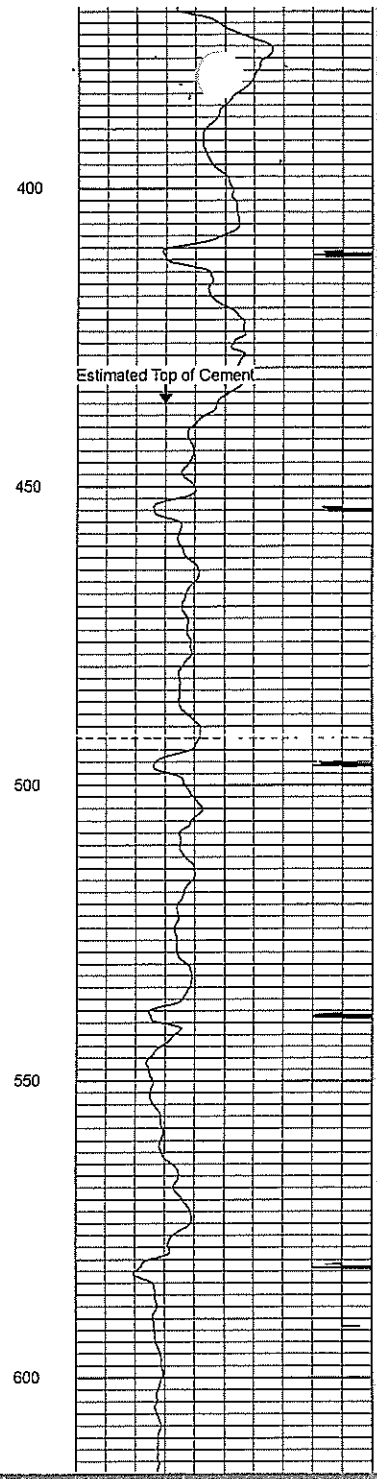
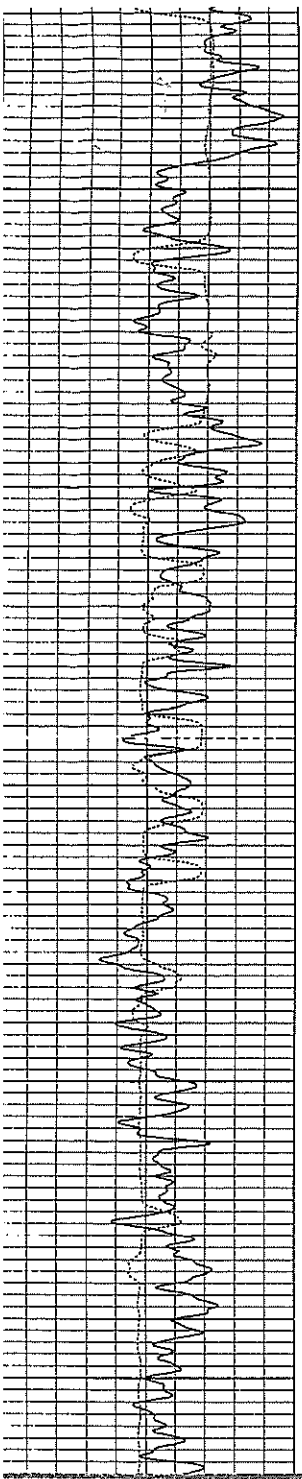
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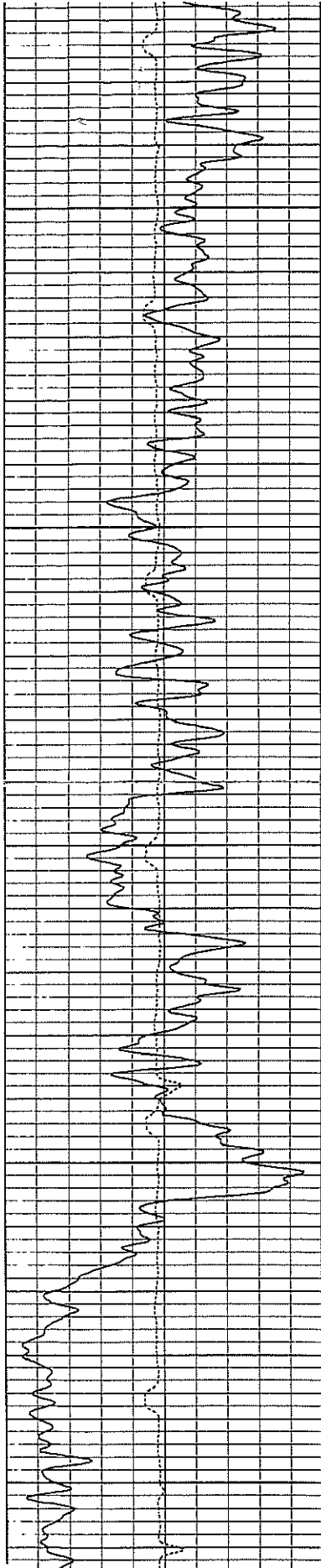
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150	GR (GAPI)	300	0	AMP3FT (mV)	100			
400	TT3FT (usec)	200						









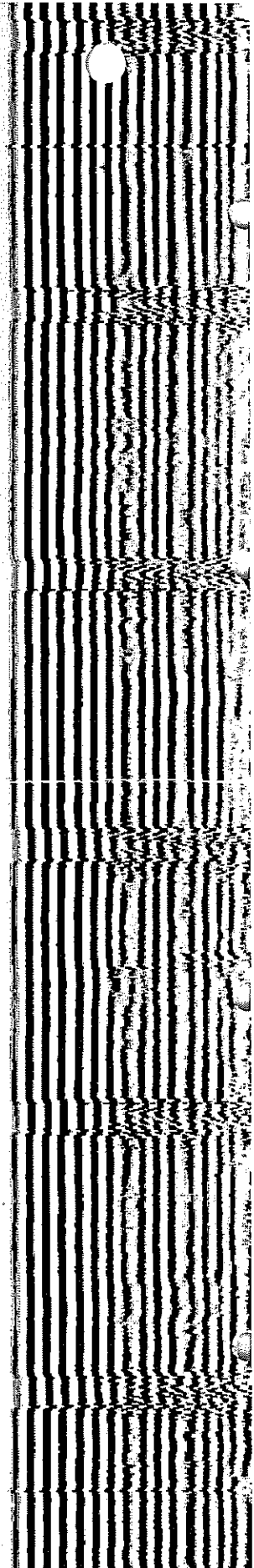
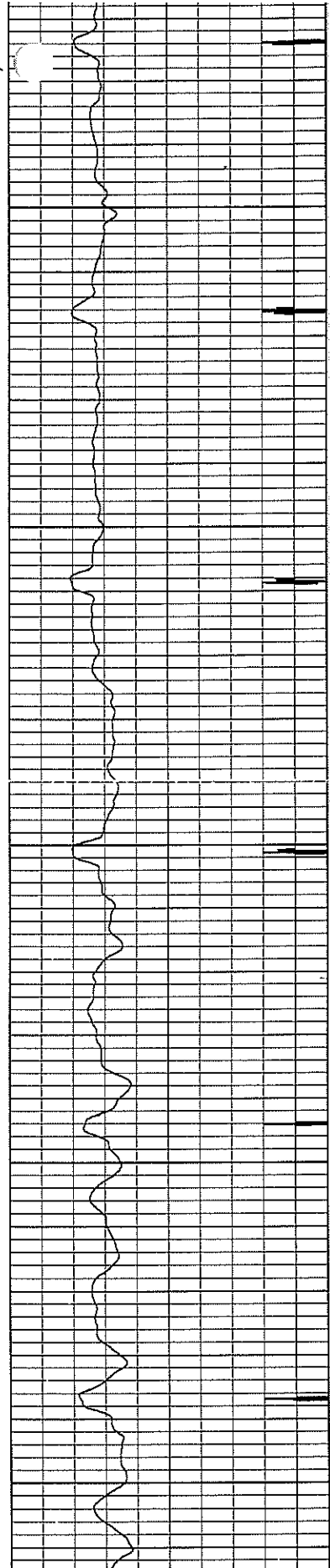
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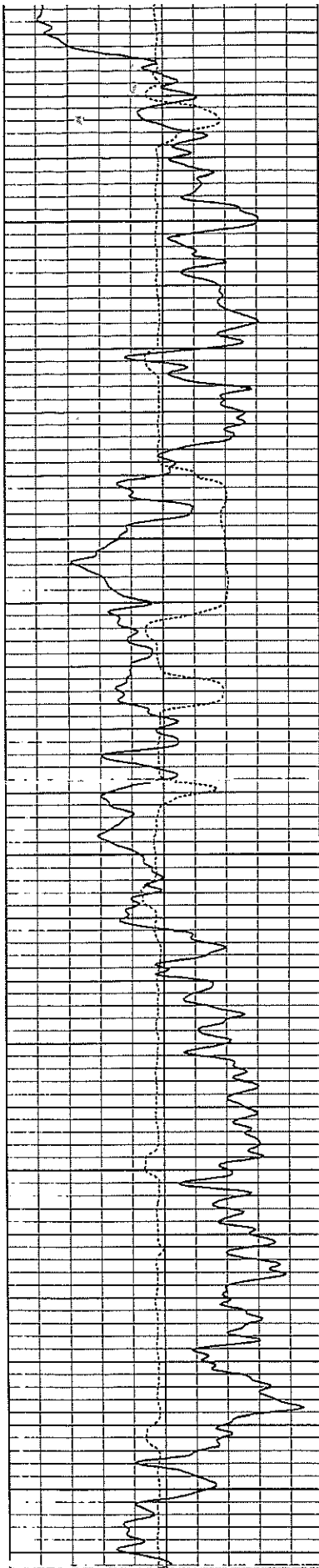
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750

800

850





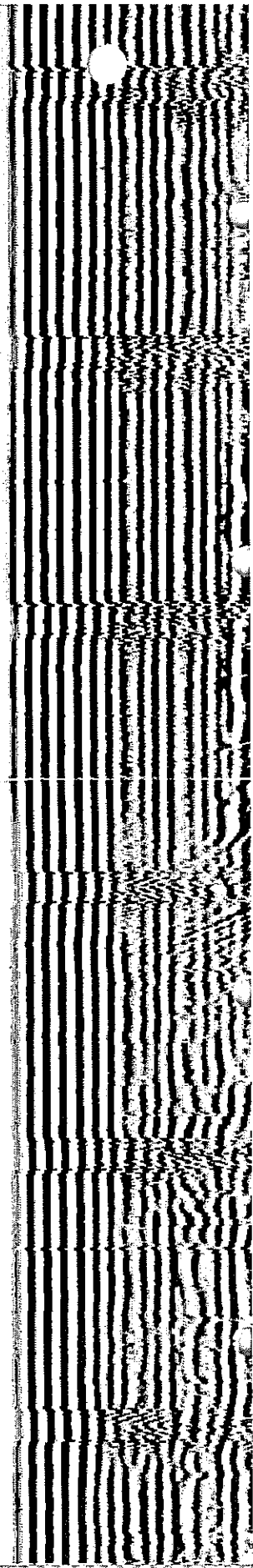
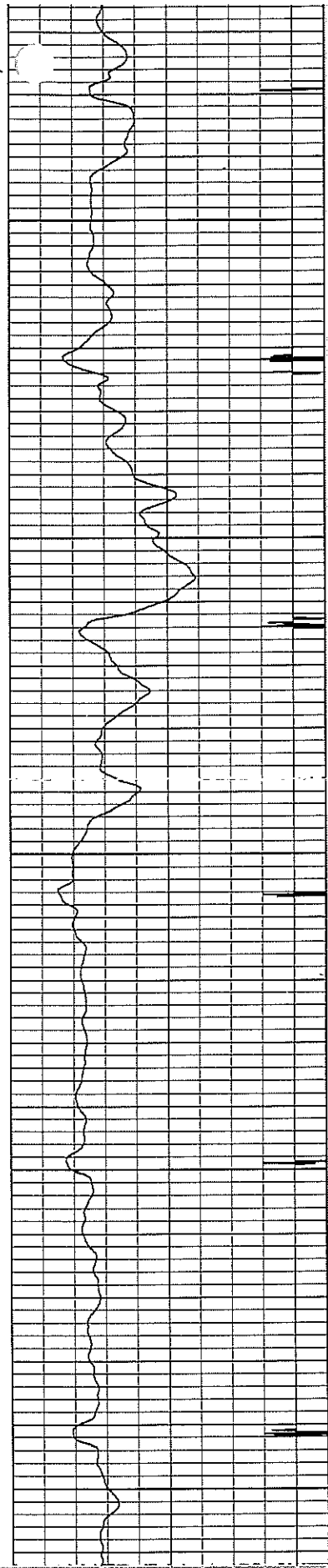
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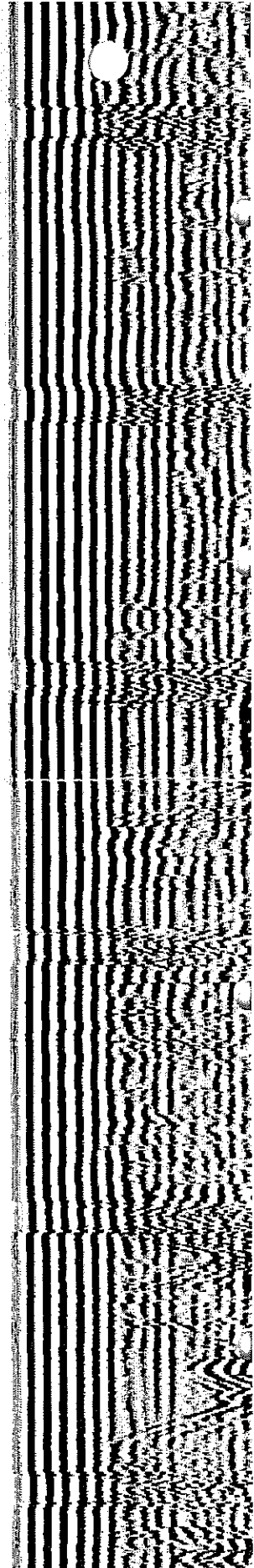
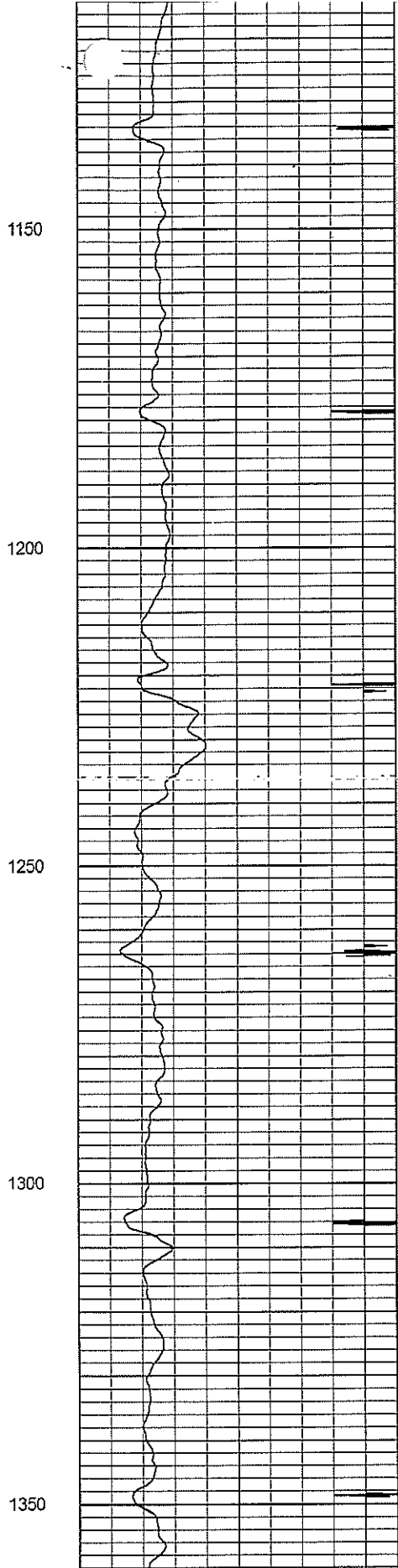
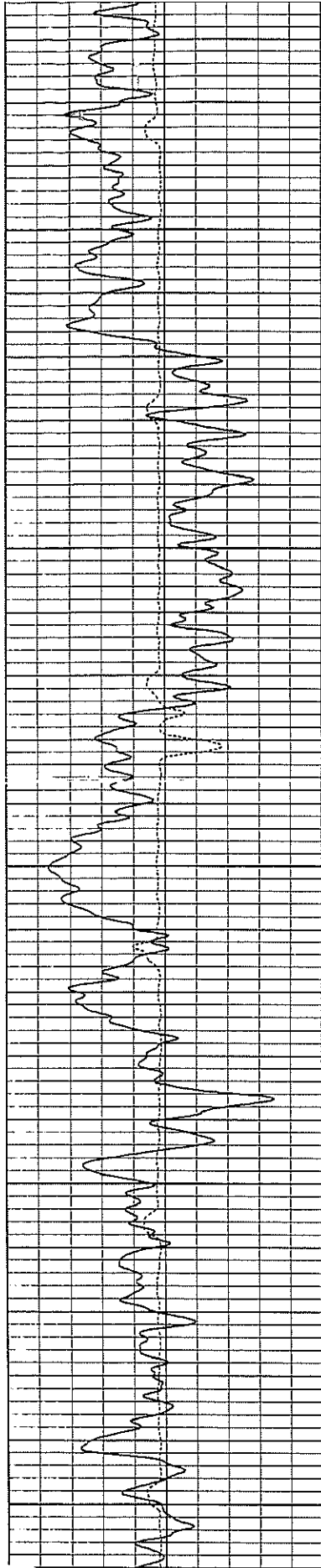
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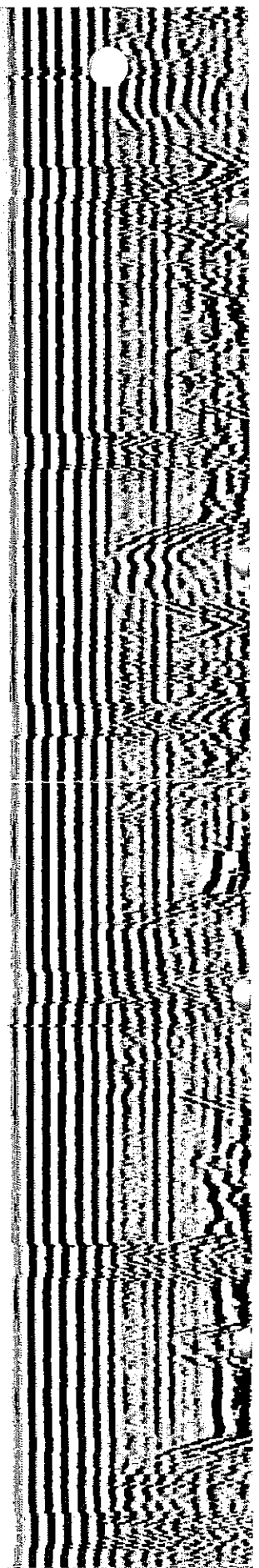
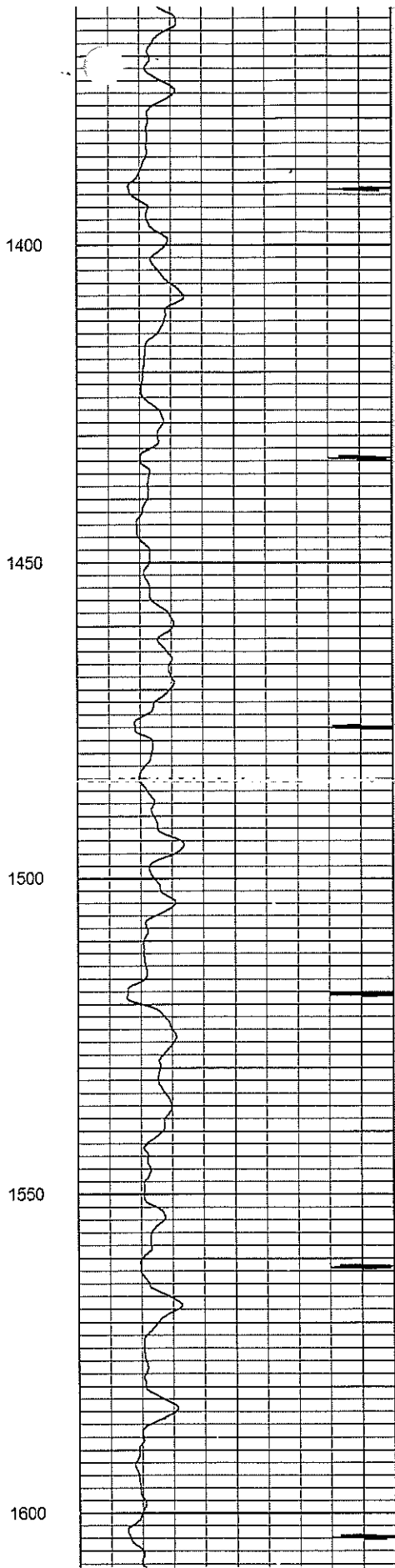
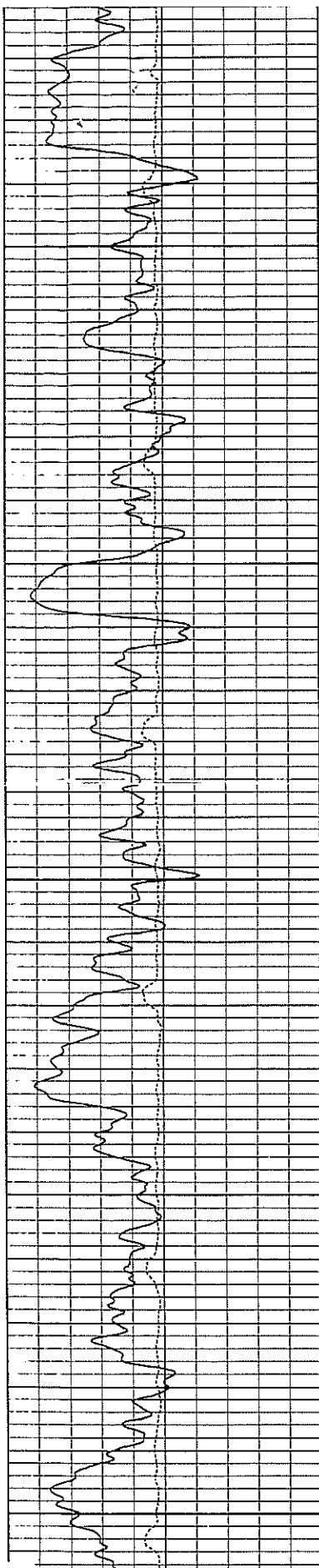
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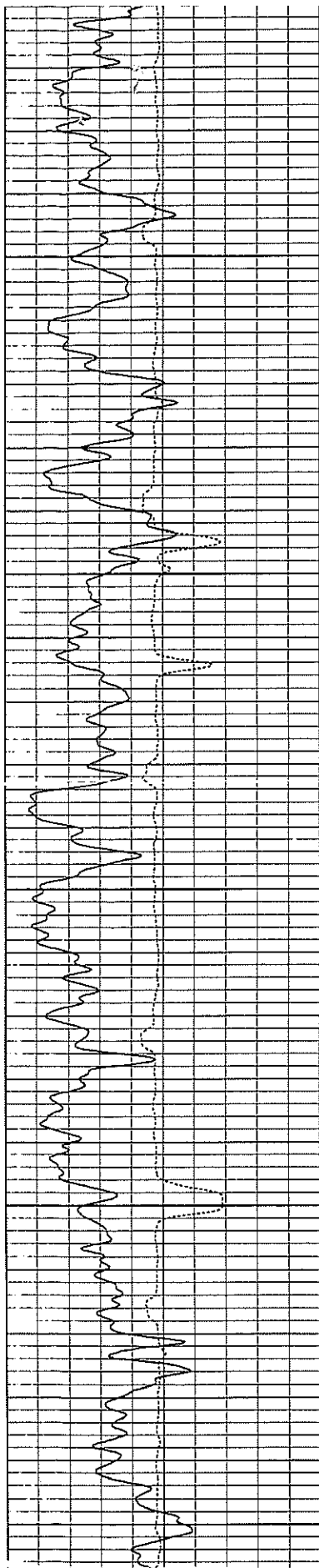
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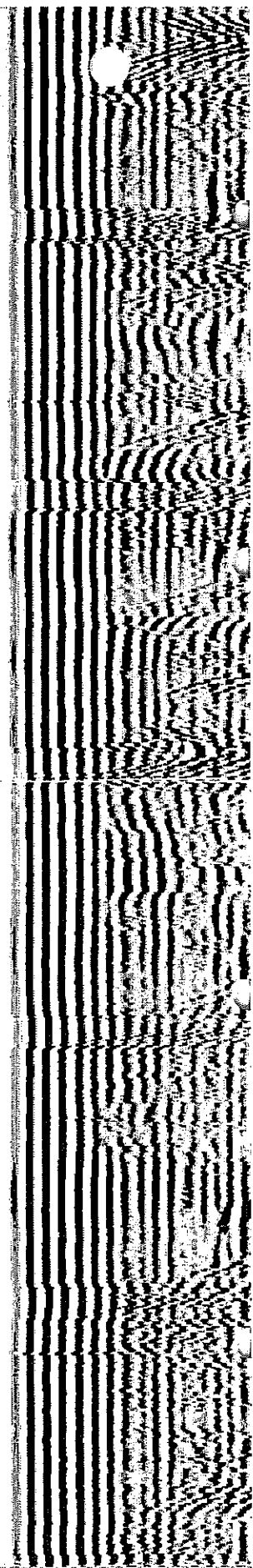
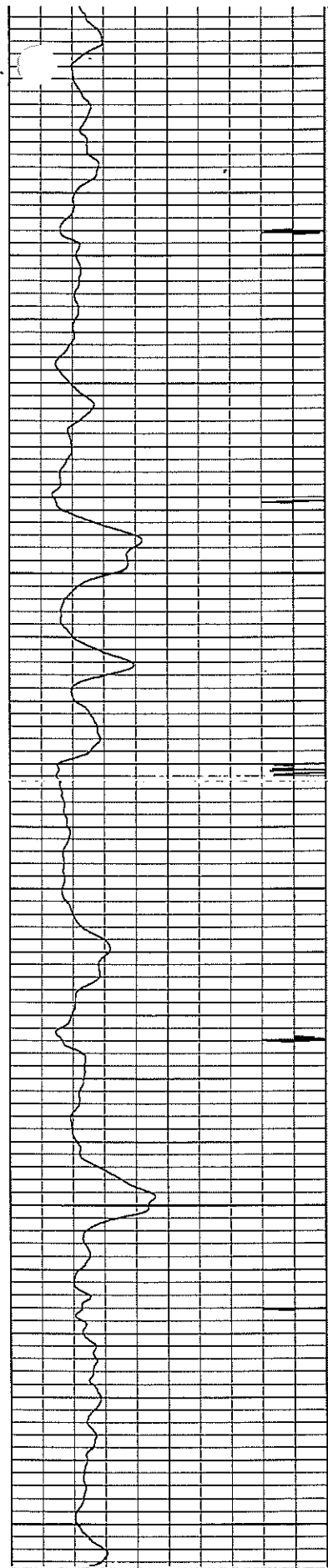
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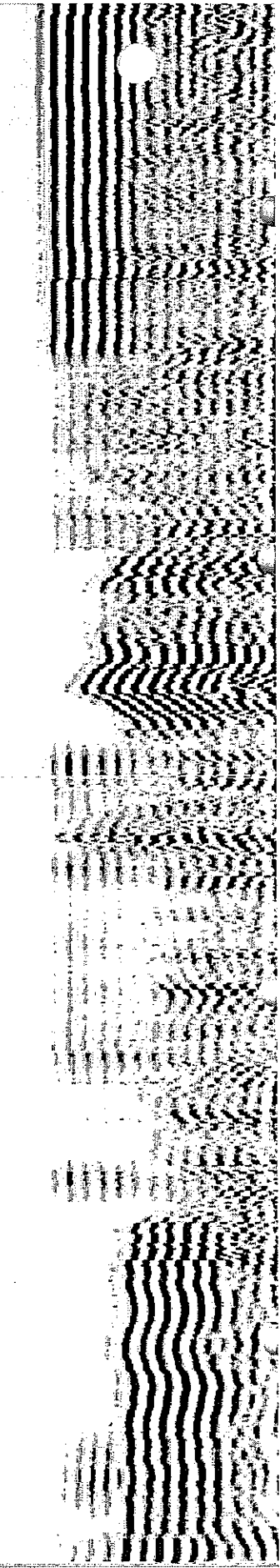
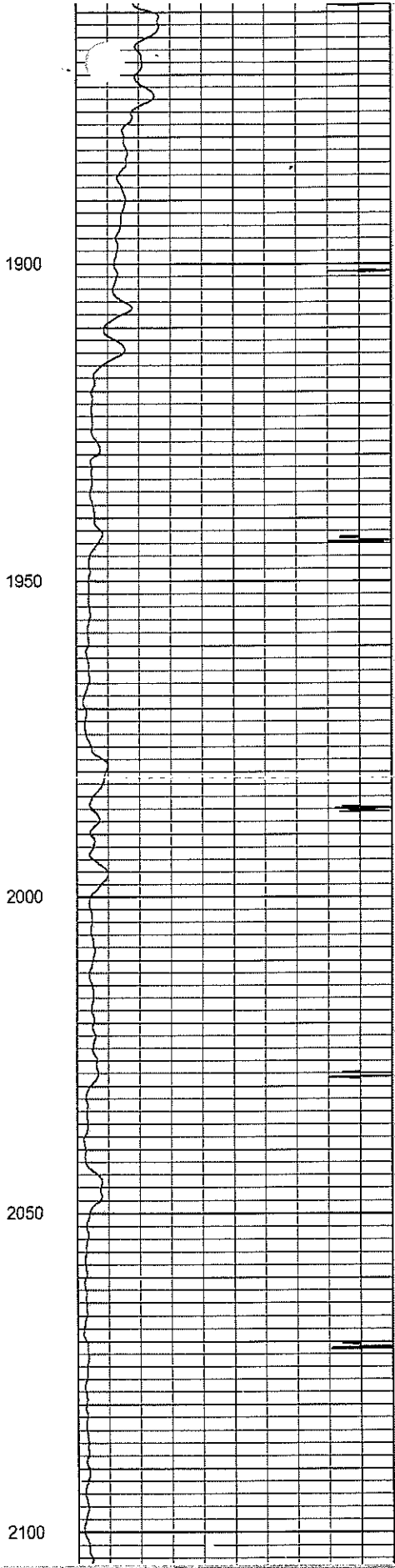
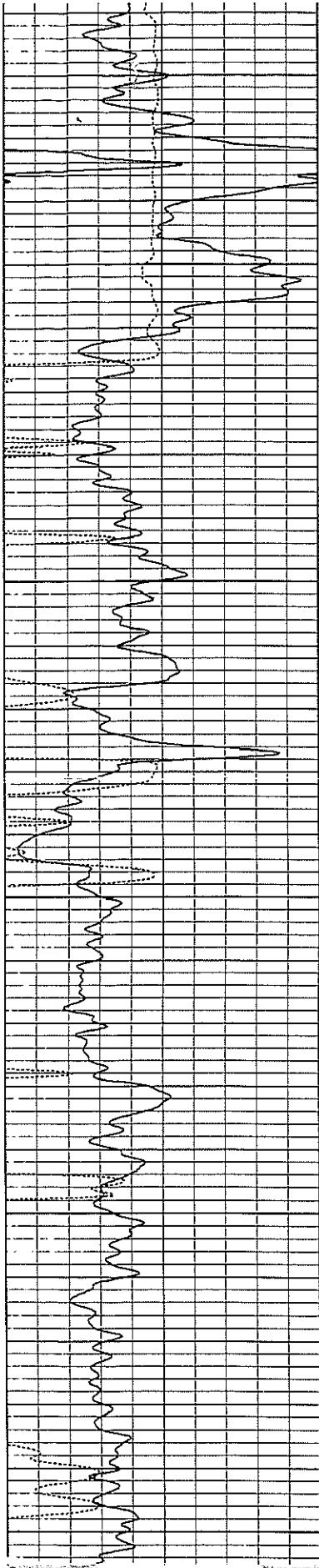
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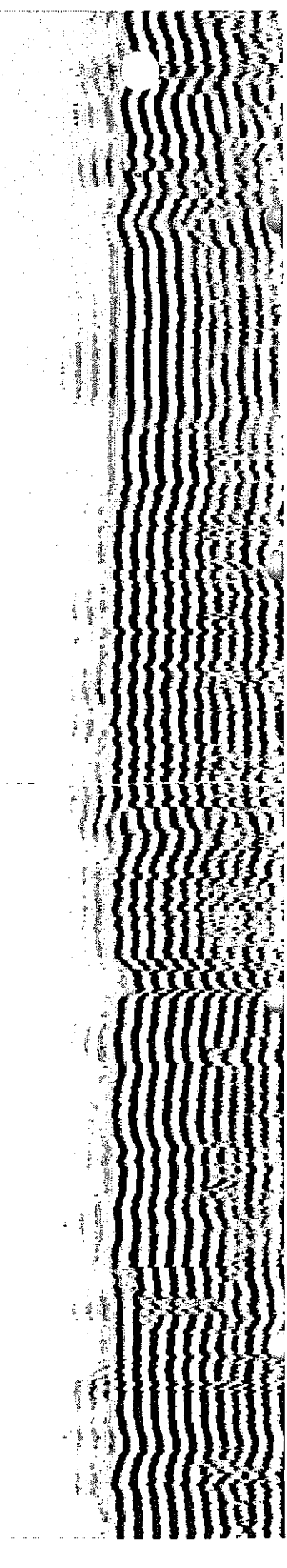
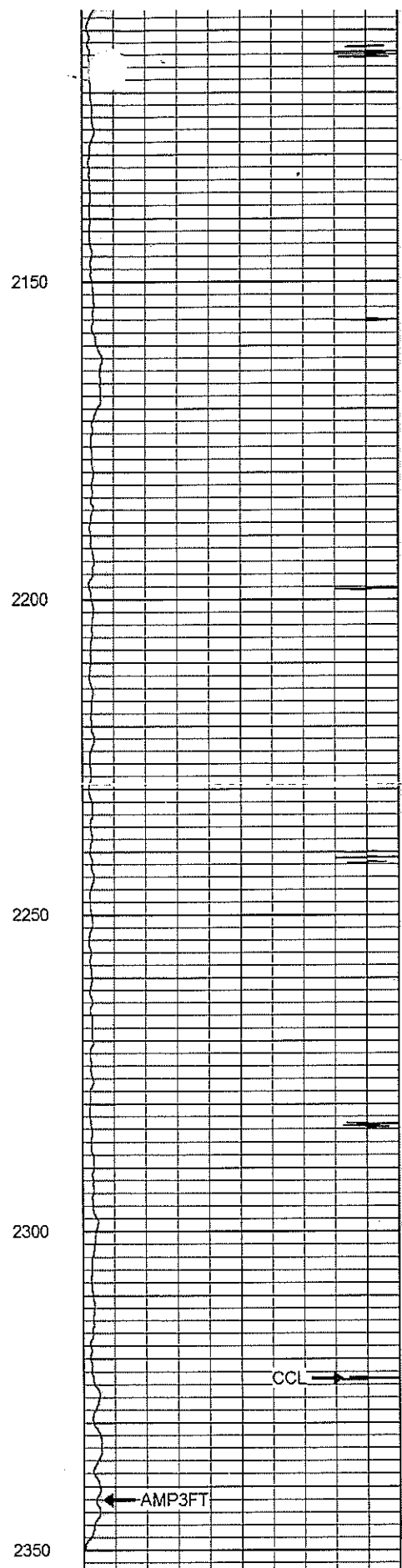
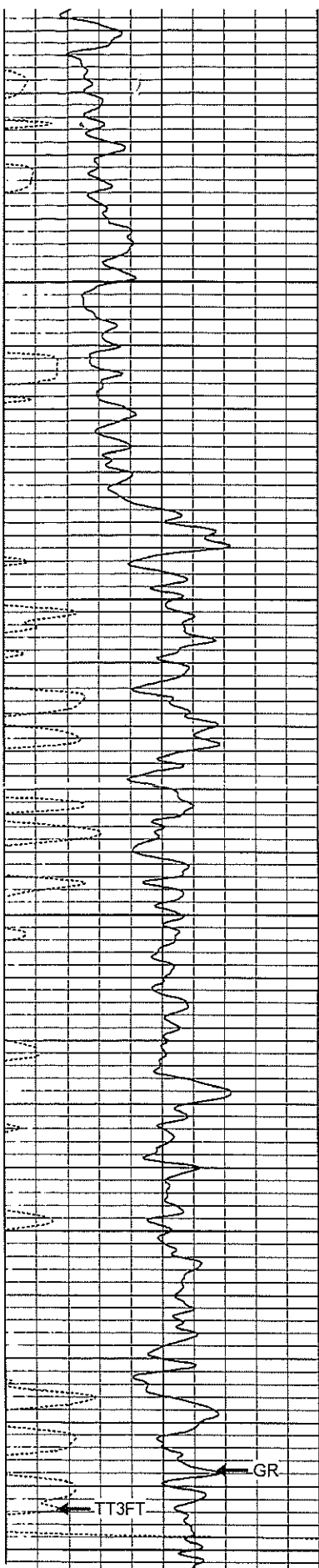
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1800

1850







0	GR (GAPI)	150
150	GR (GAPI)	300
400	TT3FT (usec)	200

	CCL	-2	200
0	AMP3FT (mV)	100	

12



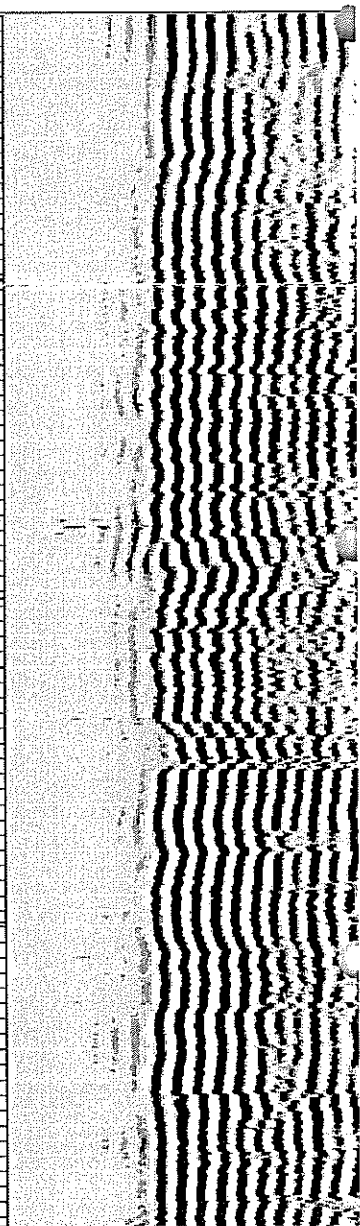
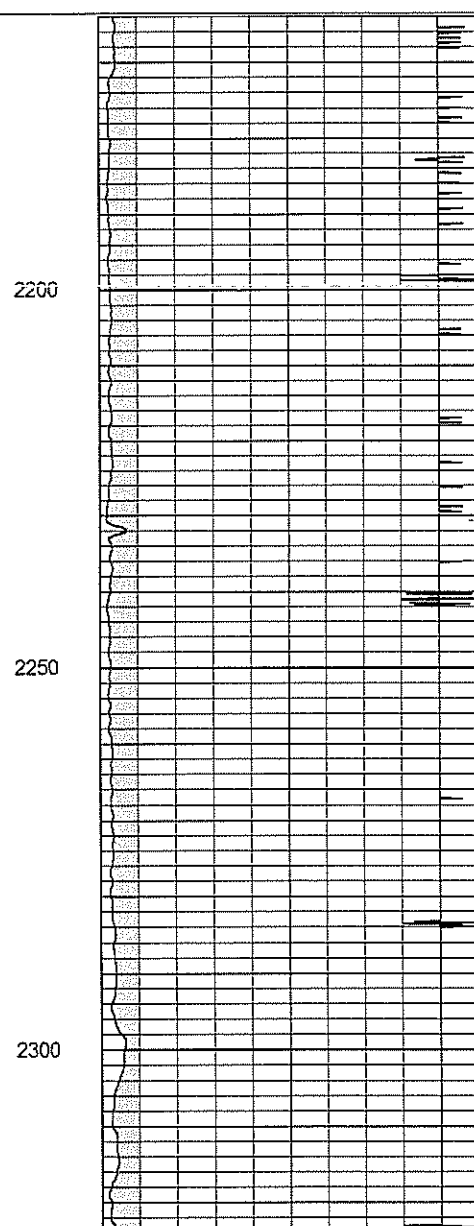
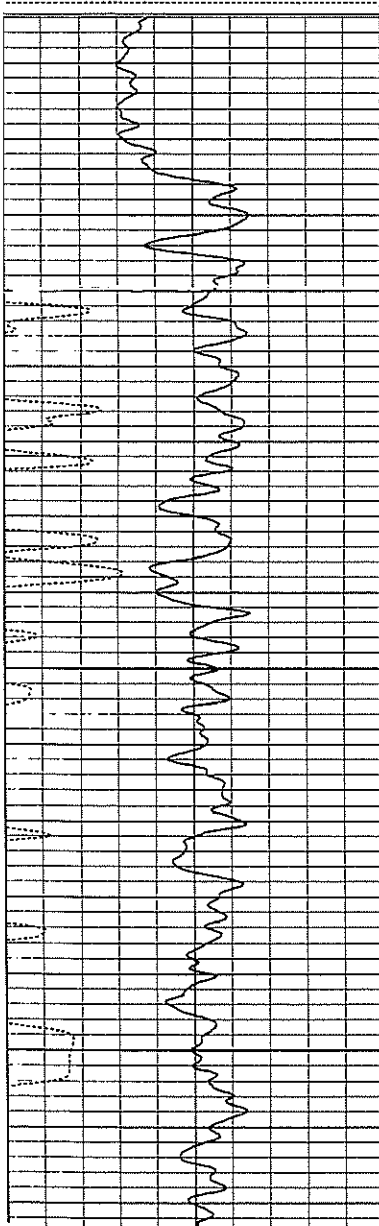
REPEAT SECTION

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400	TT3FT (usec)	200

18	CCL	-2	200
0	AMP3FT (mV)	100	

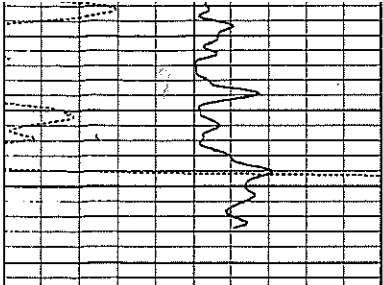
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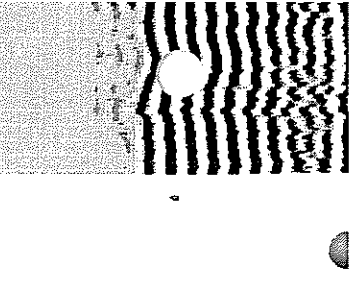
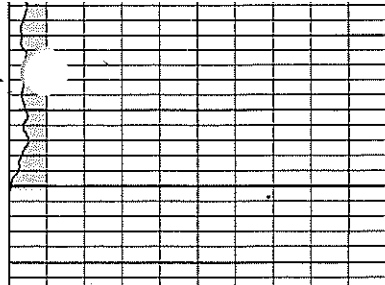
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2250

2300



2350



0	GR (GAPI)	150
150	GR (GAPI)	300
400	TT3FT (usec)	200

18	CCL	-2	200
0	AMP3FT (mV)	100	

VDL	12
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Calibration Report

Database File jofmosierb2cbl.db
 Dataset Pathname pass2
 Dataset Creation Thu Sep 07 12:27:30 2017

Neutron Calibration Report

Serial Number: 080739P
 Tool Model: Probe
 Performed: (Not Performed)

Calibrator Values: 0 1 NAPI
 Calibrator Readings: 0 1 cps

Sensitivity: 1 NAPI/cps

Gamma Ray Calibration Report

Serial Number: 080224
 Tool Model: Probe1
 Performed: Fri Oct 17 13:10:43 2014

Calibrator Value: 200.0 GAPI

Background Reading: 15.0 cps
 Calibrator Reading: 222.7 cps

Sensitivity: 0.9629 GAPI/cps

Segmented Cement Bond Log Calibration Report

Serial Number: 061007
 Tool Model: DigitalCBL

Calibration Casing Diameter: 5.500 in
 Calibration Depth: 2606.992 ft

Master Calibration, performed Fri Sep 01 12:41:41 2017:

	Raw (v)		Calibrated (mv)		Results	
	Zero	Cal	Zero	Cal	Gain	Offset
3'	0.007	1.000	1.000	71.921	71.390	0.531
CAL						
5'	0.006	1.162	1.000	71.921	61.355	0.608
SUM						
S1						
S2						
S3						
S4						
S5						
S6						
S7						
S8						

Internal Reference Calibration, performed (Not Performed):

	Raw (v)		Calibrated (v)		Results	
	Zero	Cal	Zero	Cal	Gain	Offset
CAL						

Air Zero Calibration, performed Fri Jul 31 16:28:09 2015:

	Raw (v)		Calibrated (v)		Results
	Zero		Zero		Offset
3'	0.000		0.000		0.000
5'	0.000		0.000		0.000
SUM					
S1					
S2					
S3					
S4					
S5					
S6					
S7					
S8					

Sensor	Offset (ft)	Schematic	Description	Length (ft)	O.D. (in)	Weight
CENT	23.10		CENT-275 2 3/4" Centralizer	2.94	2.75	10.00
WVF5FT	15.65		Probedig-DigitalCBL (061007)	8.77	2.75	92.00
WVF3FT	15.65		2 3/4 Bond Tool			
CENT	11.40		CENT-275 2 3/4" Centralizer	2.94	2.75	10.00
CCL	7.62		CCL-Probe (080224)	1.42	2.75	20.00
GR	6.26		GR-Probe1 (080224)	3.08	2.75	40.00
NEU	0.83		NEU-Probe (080739P) 2 3/4 Neutron	3.96	2.75	40.00

Dataset: jofmosierb2cbl.db: field/well/run1/pass2
 Total length: 23.10 ft
 Total weight: 212.00 lb
 O.D.: 2.75 in