

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](mailto: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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No<br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum |
|--|---|

| 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<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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:<br><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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL:<br>Top Bottom |
|---|---|------------------------------------|

| Shots Per Foot | Perforation Top | Perforation Bottom | Bridge Plug Type | Bridge Plug Set At | Acid, Fracture, Shot, Cementing Squeeze Record<br><i>(Amount and Kind of Material Used)</i> |
|----------------|-----------------|--------------------|------------------|--------------------|---|
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |
|                |                 |                    |                  |                    |   |

|                |       |         |            |  |
|----------------|-------|---------|------------|--|
| TUBING RECORD: | Size: | Set At: | Packer At: |  |
|----------------|-------|---------|------------|--|



# COPELAND

Acid & Cement

POST OFFICE BOX 438  
 HAYSVILLE, KS 67060  
 (316) 524-1225  
 (316) 524-1027 FAX

**Invoice**

BURRTON, KS    ♦    GREAT BEND, KS  
 (620) 463-5161    (620) 793-3366  
 FAX (620) 463-2104    FAX (620) 793-3536

INVOICE NUMBER:  
**C38111-IN**

**BILL TO:**  
**VICTORY MINERALS**  
**CARMON DECKER**  
**P.O. BOX 414931**  
**KANSAS CITY, MO 64141**

**LEASE: BERRY SWD 6**

| DATE  | ORDER  | SALESMAN  | ORDER DATE | PURCHASE ORDER        | SPECIAL INSTRUCTIONS |                 |
|---|--------|---|------------|-----------------------|----------------------|-----------------|
| 10/31/2012  | C38111 |   | 10/30/2012 |                       | NET 30               |                 |
| QUANTITY  | U/M    | ITEM NO./DESCRIPTION  |            | D/C                   | PRICE                | EXTENSION       |
| 1.00  | EA     | CEMENT PUMP CHARGE  |            | 0.00                  | 950.00               | 950.00          |
| 335.00  | SAX    | 60-40 POZ MIX 4% GEL  |            | 0.00                  | 9.69                 | 3,246.15        |
| 5.00  | GAL    | FRICTION REDUCER C-37L  |            | 0.00                  | 25.00                | 125.00          |
| 1.00  | EA     | 3 1/2 SLIP WELD COLLAR  |            | 0.00                  | 125.00               | 125.00          |
| 119.00  | MI     | CEMENT MILEAGE PUMP TRUCK   |            | 0.00                  | 4.00                 | 476.00          |
| 1.00  | EA     | 3 1/2 WIPER PLUG  |            | 0.00                  | 65.00                | 65.00           |
| 335.00  | EA     | BULK CHARGE   |            | 0.00                  | 1.25                 | 418.75          |
| 1,754.06  | MI     | BULK TRUCK - TON MILES  |            | 0.00                  | 1.10                 | 1,929.47        |
| <b>REMIT TO:</b><br>P.O. BOX 438<br>HAYSVILLE, KS 67060 |        | COP-B   |            | Net Invoice:          |                      | 7,335.37        |
| RECEIVED BY _____                                       |        | FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY. |            | COWCO Sales Tax:      |                      | 71.82           |
|   |        | <b>NET 30 DAYS</b>  |            | <b>Invoice Total:</b> |                      | <b>7,407.19</b> |

*Handwritten:*  
 12-6-13  
 #1450

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code



## TREATMENT REPORT

Acid Stage No. ....

Date: 10-30-12 District: Russell F. O. No. ....  
 Company: Victor Minerals LLC  
 Well Name & No.: Berry #6 SWD  
 Location: ..... Field: .....  
 County: Conley State: GA  
 Casing: Size ..... Type & Wt. .... Set at ..... ft.  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Formation: ..... Perf. .... to .....  
 Liner: Size: 3 1/2 Type & Wt. 9 Top at 3123 ft. Bottom at 3123 ft.  
 Cemented: Yes/No. Perforated from ..... ft. to ..... ft.  
 Tubing: Size & Wt. .... Swung at ..... ft.  
 Perforated from ..... ft. to ..... ft.  
 Open Hole Size ..... T.D. .... ft. P.B. to ..... ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Bkdown ..... Bbl./Gal. ....  
 ..... Bbl./Gal. ....  
 ..... Bbl./Gal. ....  
 ..... Bbl./Gal. ....  
 Flush ..... Bbl./Gal. ....  
 Treated from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 from ..... ft. to ..... ft. No. ft. ....  
 Actual Volume of Oil/Water to Load Hole: ..... Bbl./Gal.  
 Pump Trucks No. Used: Std. 323 Sp. .... Twin ....  
 Auxiliary Equipment Bulk 322 TT 132  
 Packer: ..... Set at ..... ft.  
 Auxiliary Tools .....  
 Plugging or Sealing Materials: Type: 325 sed. WD-40-4w-Poz  
(3) 1 (In. 5) lb.

Company Representative: ..... Treater: Guy Ryl

| TIME<br>a.m. (p.m.) | PRESSURES |        | Total Fluid Pumped | REMARKS   |
|---------------------|-----------|--------|--------------------|---|
|                     | Tubing    | Casing |                    |   |
| 3:00                |           |        |                    | On loc TSA Rig up   |
| 3:10                |           |        |                    | Hookup hose to 3 1/2 lines Dump 7 Bbl water in for              |
| :                   |           |        |                    | Flushing pipe in. Mix Friction Reducer in 19 Bbl Water          |
| 4:35                |           |        |                    | Pipe loaded two on w/ ply important tasks                       |
| :                   |           |        | 0                  | Start water to back   |
| 4:45                |           |        | 21 Bbl             | 3 1/2 loaded 3 1/2 RPM @ 500*                                   |
| :                   |           |        | 27 Bbl             | 3 1/2 RPM @ 500* Blow on annulus.                               |
| :                   |           |        | 0                  | Start mixing gain down hole                                     |
| :                   |           |        | 15 Bbl             | Break pipe on annulus 3 3/4 RPM @ 150*                          |
| :                   |           |        | 95 Bbl             | Friction Reducer water away steep fresh water                   |
| 5:00                | 500       |        | 56 Bbl             | Start to build pressure 3 3/4 RPM @ 500* Bottom Circ on annulus |
| 5:05                | 650       |        | 68 Bbl             | 3 3/4 side away 3 3/4 RPM @ 650*                                |
| :                   |           |        |                    | Sharp well too wash up pump & lines                             |
| 5:08                |           |        | 0                  | Launch ply  |
| :                   | 600       |        | 18 Bbl             | To catch pressure 3 RPM @ 600*                                  |
| :                   | 1000      |        | 68 Bbl             | 3 RPM @ 1000 No circulation                                     |
| :                   | 1050      |        | 10 Bbl             | 3 1/2 RPM @ 1000 Blow but no circ                               |
| :                   | 1200      |        | 20 Bbl             | 2 RPM 1200 Fluid in collar zone                                 |
| :                   | 1100      |        | 28 Bbl             | 1 1/2 RPM @ 1100 Load ply @ 1100* & held.                       |
| :                   |           |        |                    | Bleed pressure off Planch Valve holding                         |
| :                   |           |        |                    | Take off ply in vent. put company swel go on.                   |
| :                   |           |        |                    | pressure back up 450* shut in                                   |
| 5:10                |           |        |                    | wash up back up left loc  |