

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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)</i> <i>(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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250 N. Water, Ste 200 - Wichita, Ks 67202

HURRICANE SERVICES INC

104 Prairie Plaza Parkway - Garnett, Ks 66032

Customer: Black Gold Kansas George, LLC; Customer Name: Chris McGown (REP.); Ticket No.: 50157 50156; Address: 3825 Edwards RD #200; Contractor: McGown Drilling; Date: 10/3/2017; City, State, Zip: Cincinnati, Ohio 45209; Job type: Longstring; Well Type: Oil; Service District: Madison, Ks; Well name & No: George #6; Well Location: Bronson, Bourbon, Kansas

Equipment # | Driver | Equipment # | Driver | Equipment # | Driver | TRUCK CALLED | AM | TIME | ARRIVED AT JOB | 10:45 | START OPERATION | FINISH OPERATION | RELEASED | 11:45 | MILES FROM STATION TO WELL | 38

Product/Service Code | Description | Unit of Measure | Quantity | List Price/Unit | Gross Amount | Net Amount | c001 | Heavy Equip. One Way | mi | 38.00 | \$3.25 | \$123.50 | \$93.86 | c004 | Minimum Ton Mile Charge | ea | 1.00 | \$300.00 | \$300.00 | \$228.00 | c020 | Cement Pump | ea | 1.00 | \$675.00 | \$675.00 | \$513.00 | cp006 | Regular - Class A Cement | sack | 83.00 | \$16.25 | \$1,348.75 | \$1,025.05 | cp014 | Bentonite Gel | lb | 157.00 | \$0.30 | \$47.10 | \$35.80 | cp015 | Calcium - Chloride | lb | 235.00 | \$1.00 | \$235.00 | \$178.60 | cp038 | Rubber Plug 2 7/8 | ea | 1.00 | \$30.00 | \$30.00 | \$22.80 | cp030 | Mud Flush | gal | 210.00 | \$1.00 | \$210.00 | \$159.60

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 1/2% per month or the maximum allowable by applicable state or federal laws if such laws limit interest to a lesser amount.

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.

X _____ CUSTOMER AUTHORIZED AGENT

Summary table with rows for Gross: \$ 2,969.35, Net: \$2,256.71, Total Taxable: \$ -, Tax Rate: Frac and Acid service treatments..., Date of Service: 10/3/2017, HSI Representative: Jake Heard, Chris McGown was on location as the company repersentive.



Operator:
Black Gold Kansas George, LLC

George #6
Bourbon Co, KS
19-25-22E
API #011-24569-00-00

Spud Date:	9/27/2017	Surface Bit:	9.875"
Surface Casing:	7.0"	Drill Bit:	5.875"
Surface Length:	22.35'	Longstring:	686.75'
Surface Cement:	4 sx	Longstring Date:	
Longstring:			

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil & Rock	
3	9	Clay	
9	16	Sandy Shale	
16	52	Lime	
52	54	Shale Blk	
54	58	Lime	
58	65	Shale	
65	83	Lime	
83	85	Shale	
85	88	Lime	
88	135	Sandy Shale	
135	141	Lime	
141	242	Shale	
242	248	Lime	
248	252	Shale	
252	260	Lime	
260	270	Shale	
270	273	Red Bed	
273	294	Shale	
294	340	Sandy Shale	
340	344	Limey Shale	
344	369	Lime	
369	372	Shale Blk	
372	412	Shale	

George #6
Bourbon Co., KS

412	429	Lime	
429	437	Shale	
437	441	Lime	
441	550.5	Shale	
550.5	551.5	Lime	
551.5	582	Shale	
582	587	Sand & Sandy Shale	
587	590	Sand	Good sand, no odor or bleed
590	592	Sand	Fair bleed, good odor
592	596	Sand	Good bleed, good odor
596	628	Shale	
628	634.5	Shale	White muddy
634.5	636	Sand	Light brown no odor
636	638	Sand	Good bleed to pit, laminated
638	643	Sand	Good brown, nice porosity w/good initial saturation, good bleed after wash, fair gas.
643	647	Shale	Tighter grey sand, little bleed back, laminated with shale.
645.5	647	Water	
647	690	Shale	
690		TD	