

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 Recompletion Date _____ 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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McGOWN

DRILLING, INC.

Operator:

Black Gold Kansas George, LLC

George #9

Bourbon Co, KS

19-25-22E

API #011-24572-00-00

Spud Date: 9/29/2017
Surface Casing: 7.0"
Surface Length: 20.95'
Surface Cement: 4 sx
Longstring:

Surface Bit: 9.875"
Drill Bit: 5.875"
Longstring: 659.75'
Longstring Date:

Driller's Log

Top	Bottom	Formation	Comments
0	3	Soil & Rock	
3	14	Clay	
14	38	Lime	
38	40	Blk Shale	
40	44	Lime	
44	52	Shale	
52	70	Lime	
70	122	Shale	
122	126	Lime	
126	229	Shale	
229	233	Lime	
233	238	Shale	
238	244	Lime	
244	260	Shale	
260	263	Red Bed	
263	329	Shale	
329	358	Lime	
358	401	Shale	
401	416	Lime	
416	426	Shale Blk	
426	430	Lime	
430	538	Shale	
538	541	Lime	
541	576	Shale	

George #9
Bourbon Co., KS

576	578	Sand	Slight odor, solid sand
578	582	Sand	Solid sand, good odor, slight bleed to pit
582	618	Shale	
618	629	Sand	Laminated sand, no bleed
629	632.5	Sand	Good bleed, black laminated sand
632.5	639.5	Sand	Laminated sand, water sand
639.5	672	Shale	
672		TD	

Top perf. 629
Bottom perf. 632.5



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.:	50158		
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 Details:	Sec	Twp:		R:	
Well name & No.:	George #9			Well Location:	Bronson	County:	Bourbon	State:	Kansas
Equipment #	Driver	Equipment #	Driver	Equipment #	Driver	TRUCK CALLED		AM	TIME
230	Jake					ARRIVED AT JOB		PM	12:00
241	Kevin					START OPERATION		AM	
						FINISH OPERATION		PM	
						RELEASED		AM	1:00
						MILES FROM STATION TO WELL		PM	38

Product/Service Code	Description	Unit of Measure	Quantity	List Price/Unit	Gross Amount	Net Amount
c001	Heavy Equip. One Way	mi	-	\$3.25	\$0.00	\$0.00
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	84.00	\$16.25	\$1,365.00	\$1,037.40
cp014	Bentonite Gel	lb	158.00	\$0.30	\$47.40	\$36.02
cp015	Calcium - Chloride	lb	237.00	\$1.00	\$237.00	\$180.12
cp038	Rubber Plug 2 7/8	ea	1.00	\$30.00	\$30.00	\$22.80
cp030	Mud Flush	gal	300.00	\$1.00	\$300.00	\$228.00

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. 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 above.

Gross:		\$ 2,954.40	Net:	\$2,245.34
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:	\$ 2,245.34
Date of Service:	10/3/2017			
HSI Representative:	Jake Heard			
Chris McGown was on location as the company repersentive.				

X _____
CUSTOMER AUTHORIZED AGENT

CEMENTING LOG

Company Black Gold Kansas George, LLC	Lease 0	Well Name/No. George # 9
Type Job Longstring	Type & Amt Material Class A 2% gel 3% Cc	
Field 0	Ticket Number 50158	

CASING DATA					
Size	2.875	Type	Weight	6.4	Collar
Casing Depths:	Top	0	Bottom	659.75	
Drill Pipe:	Size	Weight	Collars		
Open Hole:	Size	5.875	T.D. (ft)	672	P.B. to (ft)

CAPACITY FACTORS					
Casing	Bbls/Lin. ft.		0.00579	Lin. ft./Bbl	
Open Holes	Bbls/Lin. ft.			Lin. ft./Bbl	
Drill Pipes	Bbls/Lin. ft.			Lin. ft./Bbl	
Annulus	Bbls/Lin. ft.		0.0255	Lin. ft./Bbl	
	Bbls/Lin. ft.			Lin. ft./Bbl	
Perforations	From (ft)	To	Amount		

CEMENT DATA					
Spacer Type	Mudflush				
Amt.	5 BBL	Sks Yield		ft ³ /sk	Density (PPG)

LEAD					
Pump Time (hrs)		Type		Excess	
Amt.	Sks Yield	ft ³ /sk	Density (PPG)		

TAIL					
Pump Time (hrs)		Type	A 2% Gel 3% C.C	Excess	25%
Amt.	84	Sks Yield	1.41	ft ³ /sk	Density (PPG)

WATER					
Lead	gals/sk	Tail	6.85	gals/sk	Total (Bbls.)
Pump Trucks Used					230
Bulk Equipment					241
Float Equipment: Manufacturer					
Shoe: Type				Depth	
Float: Type				Depth	
Centralizers: Quantity		Plugs: Top		Bottom	
Stage Collars					
Special Equipment					
Disp. Fluid Type	Freshwater	Amt. (Bbls.)		3.8	Weight (PPG)
Mud Type					Weight (PPG)

COMPANY REPRESENTATIVE Chris McGown **CEMENTER** Jake Heard

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED/ TIME PERIOD	RATE (BBLs MIN.)	
						On location safety meeting
						Spot in and rig up
						Hook up to tubing
12:00 PM	100		5		4	Break circulation
	100		5		4	Pump Mudflush
	100		4		4	Pump water
	100		5		4	Pump dyed water
	180		21.09		4	Mix and pump cement
						Stop
						Wash pump and lines
						Drop plug
	200		4		3	Displace
12:40 PM	1700		4		3	Bump plug
	0					Release pressure
						Shut in well
						Rig down and leave location
						Thanks---- Jake and Kevin