

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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Leavenworth County, KS
Well: Breshears 17-7
Lease Owner: TOC

Town Oilfield Service, Inc.
(913) 294-2125

Commenced Spudding:
1/20/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-20	Soil-Clay	20
21	Shale	41
5	Lime	46
4	Sand	50
3	Lime	53
3	Shale	56
16	Lime	72
6	Shale	78
6	Lime	84
9	Shale	93
1	Lime	94
6	Shale	100
33	Lime	133
7	Sand	140
25	Lime	165
3	Shale	168
38	Lime	206
20	Shale	226
5	Lime	231
3	Shale	234
2	Lime	236
10	Shale	246
17	Lime	263
18	Shale	281
12	Lime	293
10	Shale	303
7	Lime	310
3	Shale	313
19	Lime	332
6	Shale	338
24	Lime	362
4	Shale	366
6	Lime	372
4	Shale	376
9	Lime	385
10	Shale	395
10	Sand	405
20	Shale	425
13	Sand	438
22	Sandy Shale	460

Breshers Farm: Leavenworth County

KS State; Well No. 17-7

Elevation 867

Commenced Spuding 1-20 18

Finished Drilling 1-30 18

Driller's Name Wesley Dollard

Driller's Name Ryan Ward

Driller's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TDS
16 12 21

(Section) (Township) (Range)

Distance from S line, 2141 ft.

Distance from E line, 466 ft.

5 sacks
8 hrs
5 7/8 barrels
2 7/8 casing

CASING AND TUBING RECORD

10" Set	_____	10" Pulled	_____
8" Set	_____	8" Pulled	_____
7 1/4" Set	<u>40</u>	6 1/4" Pulled	_____
4" Set	_____	4" Pulled	_____
2" Set	_____	2" Pulled	_____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
707.4		BOP	e		
740		Float		2	7/8
760		TD			

310

Thickness of Strata	Formation	Total Depth	Remarks
3	Shale	313	
19	Lime	332	
6	Shale	338	
24	Lime	362	
4	Shale	366	
6	Lime	372	
4	Shale	376	
9	Lime	385	Hertha
10	Shale	395	
10	Sand	405	gray - no oil
20	Shale	425	
13	Sand	438	gray - no oil
22	sandy shale	460	
29	Shale	489	
18	Sand	507	broken - slight. slow
20	Shale	527	redbed
4	Lime	531	
17	Shale	548	
5	Lime	553	
6	Shale	559	
1	Lime	560	
7	Shale	567	
8	Lime	575	
16	Shale	591	
3	Lime	594	
9	Shale	603	
5	Lime	608	



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

9955
9818

TICKET NUMBER 53936
LOCATION O'Hara, KS
FOREMAN Casa, Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/30/18	7823	Breshears #17-7	SE 16	12	21	LV
CUSTOMER			TRUCK #			
Town Oil Company			DRIVER			
MAILING ADDRESS			TRUCK #			
16205 W. 287th St.			DRIVER			
CITY			TRUCK #			
Paola			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
666071			DRIVER			

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 734' DRILL PIPE _____ TUBING baffle - 703' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 4.07 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety, making, established circulation, mixed + pumped 200# Gel followed by 5 bbls fresh water, mixed + pumped 106 Sls Portland IA cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.07 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	on lease	MILEAGE		
CE0711	1/2 min	ton mileage	330.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2030.00	
		- 10 %	812.00	
		Subtotal		1218.00
CE5840	106 Sls	Portland IA cement	1431.00	
CC5965	378 #	Gel	112.40	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1589.40	
		- 40 %	635.76	
		Subtotal		953.64
		7.5%	SALES TAX	71.52
			ESTIMATED TOTAL	2243.16

Rev'n 5737 AUTHORIZATION No Co Rep TITLE _____ DATE (3/38/18)

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.