

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 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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API #
15-017-20925-00-01

TICKET NUMBER 54726
LOCATION EL Dorado, KS
FOREMAN Fuzzy

PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-20-17	5407	Barbara J Wells T ₁₂₄	13	19	6	Chase
CUSTOMER Mathews Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 2128			760	Chris		
CITY Traverse City			611	Jud		
STATE Michigan				Mark		
ZIP CODE 49685			725	Fuzzy		

JOB TYPE Production HOLE SIZE 7 7/8 HOLE DEPTH 1874 CASING SIZE & WEIGHT 5 1/2 - 17 #
 CASING DEPTH 1875 66 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 67.3 55 WATER gal/sk 7.46 CEMENT LEFT in CASING 8'
 DISPLACEMENT 43.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Summit Drlg. Float equip Turbolizers 15-10
 20-30-40. Baskets 7-25-35. Marker Jt 12' Between #9 & #5.
 Circulate for 30 min. Pump 5 BBL water, 5 BBL 2% calcium chloride water
 5 BBL water, 10 BBL Sodium metasilicate water, 5 BBL water, 3 BBL Dye water
 mix 225 SKS Thixo Blend I w/ 5# Kol-seal & 1# phenoseal per SK. Wash
 pump and lines. Drop plug and displace 44 1/2 BBL, 600# lift
 1100# land plug. Float hold. Dye water did return with
 slight traces of cement. Fall back.

THANKS Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900 ⁰⁰	1900 ⁰⁰
CE0002	50 miles	MILEAGE	7.15	357.50
CE0711	1	min Bulk Delivery	660 ⁰⁰	660 ⁰⁰
CC5860	225 SKS	Thixo Blend I	25 ⁰⁰	5625 ⁰⁰
CC5970	200 #	Sodium metasilicate	2.55	510 ⁰⁰
CC6077	1150 #	Kol-seal	.50	575 ⁰⁰
CC6079	225 #	Phenoseal	1.35	303.75
CC5325	200 #	Calcium chloride	1.25	N/C
WS2402	6 hrs	Transport	120 ⁰⁰	720 ⁰⁰
WC6159	6000 gal	city water	.02	N/C
CP8254	1	5 1/2 Aftchdown Plug And Assci	400 ⁰⁰	400 ⁰⁰
CP8433	1	5 1/2 AFU float shoe	585 ⁰⁰	585 ⁰⁰
CP8554	6	5 1/2 Turbolizers	100 ⁰⁰	486 ⁰⁰
CS3800	1	8' - 5 1/2 shoe Jt	280 ⁰⁰	280 ⁰⁰
CS3800	1	12' - 5 1/2 marker Jt	420 ⁰⁰	420 ⁰⁰
CP8651	3	5 1/2 Recip Baskets	360 ⁰⁰	360 ⁰⁰
		subtotal		13182.25
		disc		6459.30
		SALES TAX		
		ESTIMATED TOTAL		6722.95

Flavin 3737
 AUTHORIZATION  TITLE _____ DATE 9-20-17

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.

Form ACO1 - Well Completion
Operator Matthews Energy, LLC
Well Name Barbara J. Wells Trust 1A
Doc ID 1364980

Tops

Name	Top	Datum - KB
Admire	248	1000
Indian Cave	322	926
Tarkio	367	881
Emporia	418	830
Howard Ls	620	628
Severly	645	603
Topeka LS	680	568
Deer Creek	760	488
Oread	963	285
Heebner Shale	997	251
Douglas Shale	1048	200
Iatan Ls	1153	95
Brown Lime	1252	-4
Lansing 'B'	1285	-37
Base/KS City	1588	-340
Marmaton	1643	-395
Pawnee	1722	-474
Base/Ft. Scott	1739	-491
Penn Conglomerate	1779	-531
Arbuckle	1805	-557
Granite	1895	-647
Loggers TD	1939	-691