

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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**Operator:**

R.T. Enterprises of Kansas, Inc.  
P.O. Box 716  
Louisburg, KS 66053

**Finnerty # WSW**

Douglas Co., KS  
11-15-20 E  
API # 15-045-22287-00-00

<b>Spud Date:</b>	5/16/2018	<b>Surface Bit:</b>	11"
<b>Surface Casing:</b>	8.625"	<b>Drill Bit:</b>	7.875"
<b>Surface Length:</b>	112'	<b>Longstring:</b>	1334.25'
<b>Surface Cement:</b>	QES	<b>Longstring Date:</b>	5/23/2018
<b>Longstring:</b>	5 1/2		

**Driller's Log**

<b>Top</b>	<b>Bottom</b>	<b>Formation</b>	<b>Comments</b>
0	30	Clay	
30	73	Sand	Unconsolidated clay, grey
73	100	Shale	Soft muddy, grey, sandy
100	199	Shale	
199	223	Lime	
223	231	Shale	
231	240	Lime	
240	245	Shale	
245	261	Lime	
261	297	Shale	
297	315	Lime	
315	389	Shale	
389	412	Lime	KC
412	430	Shale	
430	453	Lime	
453	461	Shale	
461	483	Lime	
483	496	Shale	
496	569	Lme	Base KC
569	737	Shale	
737	744	Lime	
744	750	Shale	
750	768	Lime	

R.T. Enterprises of Kansas, Inc.

Finnerty #WSW

768	781	Shale	
781	806	Lime	20'
806	829	Shale	
829	831	Lime	5'
831	854	Shale	
854	860	Sand	Light brown, no odor
860	886	Sand	Good bleed, good odor, soft brown sand.
886	942	Shale	
942	944	Lime	Ardmore
944	1051	Shale	
1051	1057	Lime	
1057	1239	Shale	
1239	1245	Shale	White muddy shale, sandy.
1245	1281	Shale	
1281	1523	Lime	Miss. Lime
<b>1523</b>		<b>TD</b>	1335' Set Pipe

1st Break 1302-1313  
2nd Break 1395-1401

4.75" open hole 1334-1523'  
Circulate bottom of hole with 80 bbl  
clean water before TOH.



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

10083 / 10573

TICKET NUMBER 54017  
 LOCATION off Hwy 9  
 FOREMAN Alan Maden

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-16-18	5954	Fimerty WSW	SE 11	15	20	DG
CUSTOMER Otenroc Energy			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			DRIVER			
CITY Louisburg			TRUCK #			
STATE Ks			DRIVER			
ZIP CODE 66053			TRUCK #			
			DRIVER			

JOB TYPE Surface HOLE SIZE 11 HOLE DEPTH 113 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 112 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 7 DISPLACEMENT PSI 100 MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: Held meeting. Established rate. Mixed + pumped 48 sk Portland "A" plus 2% gel, 2% calcium, 1/4" flo seal. Circulated cement. Displaced casing with clean water. Closed valve.

McGown Drilling Rodney *Alan Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0150	1	PUMP CHARGE	467	1500 <sup>00</sup>
CE0002	20	MILEAGE	467	143 <sup>00</sup>
CE0711	1	monitor	558	160 <sup>00</sup>
WE0853	1 1/2	80 vac	675	150 <sup>00</sup>
		Sub		2453 <sup>00</sup>
		less 45%		110385
CE5800A	48 sk	Portland A		960 <sup>00</sup>
CL5965	90 #	gel		27 <sup>00</sup>
CL5325	95 #	calcium chloride		112 <sup>00</sup>
CL6075	12 #	flo seal		24 <sup>00</sup>
		Sub		112350
		less 45%		50558
		7.5	SALES TAX	4604
			ESTIMATED TOTAL	201341

Rev'n 3737

AUTHORIZATION No rep TITLE \_\_\_\_\_ DATE (3660)

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.



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

JM - 10768  
 PO - 16778  
 FT - 10662

TICKET NUMBER 54019  
 LOCATION OTterway  
 FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT  
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-23-78	5954	Finnerty WSW	SE 11	15	20	DC
CUSTOMER RTenroc Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 120 Shoreline Dr			730	Al Mader	Safety	Meat
CITY Houtsburg			467	Kei Car		
STATE KS			505/1106	Kei Det		
ZIP CODE 66053			548	Her Bec		

JOB TYPE long string HOLE SIZE 7 7/8 HOLE DEPTH 1335 CASING SIZE & WEIGHT 5 1/2  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING YES  
 DISPLACEMENT 31.5 DISPLACEMENT PSI 400 MIX PSI 200 PSI RATE 4 bpm

REMARKS: Hold meeting, Established rate. Mixed & pumped 200# gel followed by 20 bbl dye marker. Mixed & pumped 257 sk Poz Blend I-A plus 270 gel, 5 1/2 salt, 5 1/2 Hol Seal, 1/2# floeal per sack, Circulated dye. Displaced casing with 31.5 bbl clean water. Had cement returns. Used extra cement to ensure cement to surface.

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500.00
CE0002	20	MILEAGE	467	143.00
CE0711	Min	ten miles	548	665.00
4LS2402	3	transport	505/1106	300.00
		546		2663.00
		665 -40%		1066.00
				1597.00
CG5840	257	Poz Blend I-A		3467.00
CL5465	632#	gel		187.00
CL6077	1285	Hol Seal		642.00
CL5326	497#	salt		497.00
CL6075	129#	cello flake		251.00
		546		5056.00
		hours 40%		2022.00
				3083.00
		7.5%	SALES TAX	227.00
			ESTIMATED TOTAL	4859.31
			DATE	8-29-78

Revin 3737

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 I acknowledge that the payment terms, unless specifically emended 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.