

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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Customer WOOLSEY OP.	Lease No.	Date 2-15-2018
Lease JANISSEN	Well # 1	
Field Order # 16272	Station PRATT, Ks.	Casing 8 5/8" TD
Type Job 8 5/8" S.P.	Formation	Legal Description 27-275-20W
		County KIOWA State KS

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 8 5/8" x 24"	Tubing Size	Shots/Ft	CMT-	SKS SKS 60/40 POZ	RATE	PRESS	ISIP	
Depth 358'	Depth	From	To	Pre Pad @ 1.21 CVT³	Max		5 Min.	
Volume 22.7 BBL	Volume	From	To	Pad	Min		10 Min.	
Max Press 500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 338'	Packer Depth	From	To	Flush 21.5 BBL	Gas Volume		Total Load	

Customer Representative **ALAN DICK** Station Manager **J. WESTERMAN** Treater **K. LESLEY**

Service Units	86531	84980	20920	19960	19860				
Driver Names	LESLEY	MARQUEZ	—	CLYMER	—				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
10:00 AM	2-14-18				ON LOCATION - SAFETY MEETING
1:45 AM	2-15-18				RUN 7 JTS. 8 5/8" x 24" CSG.
4:00 AM					CSG. ON BOTTOM
4:10 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
4:30 AM	150		10	5	H ₂ O AHEAD
4:34 AM	100		56	5	MIX 260 SKS 60/40 POZ @ 14.8 PPG
4:45 AM					DROP WOODEN PLUG
4:53 AM	0		0	5	START DISPLACEMENT
4:57 AM	125		15	3	SLOW RATE
5:00 AM	150		21.5	3	PLUG @ DESIRED DEPTH
					CIRC. THRU JOB
					CIRC. 15 BBL TO PIT

JOB COMPLETE,
THANKS -
KEVEN LESLEY

Customer <i>Woolsey Operating</i>	Lease No.	Date <i>2-23-18</i>
Lease <i>Janssen</i>	Well # <i>1</i>	
Field Order # <i>16335</i>	Station <i>Pratt</i>	Casing <i>—</i>
	Depth	County <i>Kiowa</i>
Type Job <i>Z-42 Plug to Abandon</i>	Formation	State <i>KS</i>
		Legal Description <i>27-275-20W</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME	
Casing Size	Tubing Size	Shots/Ft		Acid <i>170 SKS 60/40 POZ</i>	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad <i>4690 gel.</i>	Max		5 Min.
Volume	Volume	From	To	Pad <i>25 PPS C.F.</i>	Min		10 Min.
Max Press	Max Press	From	To	Frac	Avg		15 Min.
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load

Customer Representative <i>Rick Berringer</i>	Station Manager <i>WESTERMAN</i>	Treater <i>MATTAI</i>
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Service Units	<i>83353</i>	<i>84980</i>	<i>20900</i>	<i>19889</i>	<i>21010</i>				
Driver Names	<i>MATTAI</i>	<i>MARQUEZ</i>		<i>CLYMER</i>					

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:50</i>					<i>ON LOCATION / SARTREY MEETING</i>
					<i>1ST Plug @ 1310'</i>
<i>1:50</i>		<i>200</i>	<i>15</i>	<i>4.5</i>	<i>PUMP 15 bbl water</i>
<i>1:55</i>		<i>150</i>	<i>12-7</i>	<i>4.5</i>	<i>MIX 50 SKS 60/40 POZ</i>
<i>1:58</i>		<i>100</i>	<i>3/6</i>	<i>4.5</i>	<i>START disp. + mud</i>
					<i>2nd Plug @ 390'</i>
<i>2:18</i>		<i>100</i>	<i>10</i>	<i>4.5</i>	<i>PUMP 10 bbl water</i>
<i>2:20</i>		<i>100</i>	<i>12-7</i>	<i>4.5</i>	<i>MIX 50 SKS 60/40 POZ</i>
<i>2:22</i>		<i>75</i>	<i>1</i>	<i>4.5</i>	<i>START disp.</i>
					<i>3rd Plug @ 60'</i>
<i>2:45</i>		<i>75</i>	<i>5</i>	<i>3</i>	<i>MIX 20 SKS 60/40 POZ</i>
					<i>CMT TO SURFACE</i>
<i>3:15</i>			<i>7.5</i>		<i>Plug RAT + mouse hole</i>

JOB COMPLETE
 THANK YOU!
 MIKE MATTAI
 EDUARDO + MICHAEL



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Woolsey Operating Co., LLC.

27-27S-20W Kiowa KS

125 N Market STE 1000
Wichita KS 67202+1729

Janssen #1

Job Ticket: 63752

DST#: 1

ATTN: Bill Klaver

Test Start: 2018.02.21 @ 21:51:00

GENERAL INFORMATION:

Formation: **Mississippian**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 01:07:00

Time Test Ended: 07:20:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Spencer J. Staab

Unit No: 84

Interval: 4796.00 ft (KB) To 4882.00 ft (KB) (TVD)

Reference Elevations: 2294.00 ft (KB)

Total Depth: 4882.00 ft (KB) (TVD)

2282.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 12.00 ft

Serial #: 8934 Outside

Press@RunDepth: 69.74 psig @ 4863.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2018.02.21

End Date:

2018.02.22

Last Calib.:

2018.02.22

Start Time: 21:51:15

End Time:

07:20:00

Time On Btm:

2018.02.22 @ 01:06:30

Time Off Btm:

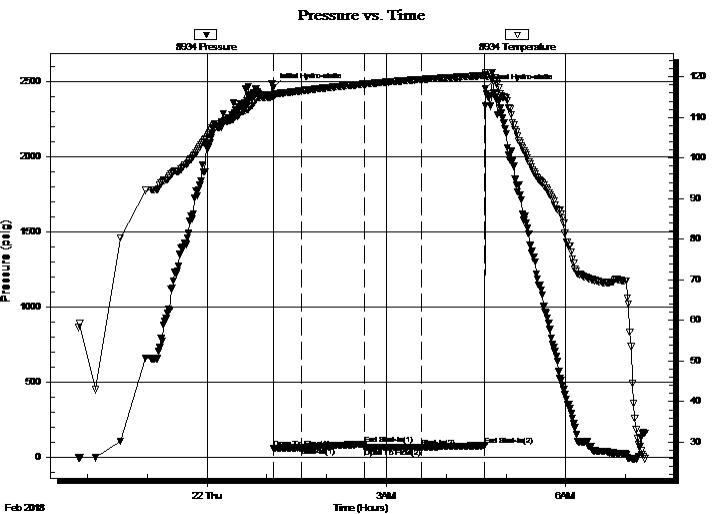
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TEST COMMENT: 30-IF-Weak Blow ; Built to 1"

60-ISI-No Return

60-FF-Weak Blow ; Built to 1/2"

60-FSI-No Return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2460.54	115.60	Initial Hydro-static
1	59.99	115.23	Open To Flow (1)
29	65.97	116.57	Shut-In(1)
92	89.59	118.20	End Shut-In(1)
92	63.96	118.20	Open To Flow (2)
149	69.74	119.35	Shut-In(2)
212	80.00	120.32	End Shut-In(2)
213	2452.96	120.52	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud 100%M	0.10

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Woolsey Operating Co., LLC.

27-27S-20W Kiowa KS

125 N Market STE 1000
Wichita KS 67202+1729

Janssen #1

Job Ticket: 63752

DST#: 1

ATTN: Bill Klaver

Test Start: 2018.02.21 @ 21:51:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 67.00 sec/qt

Cushion Volume:

bbl

Water Loss: 8.79 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud 100%M	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

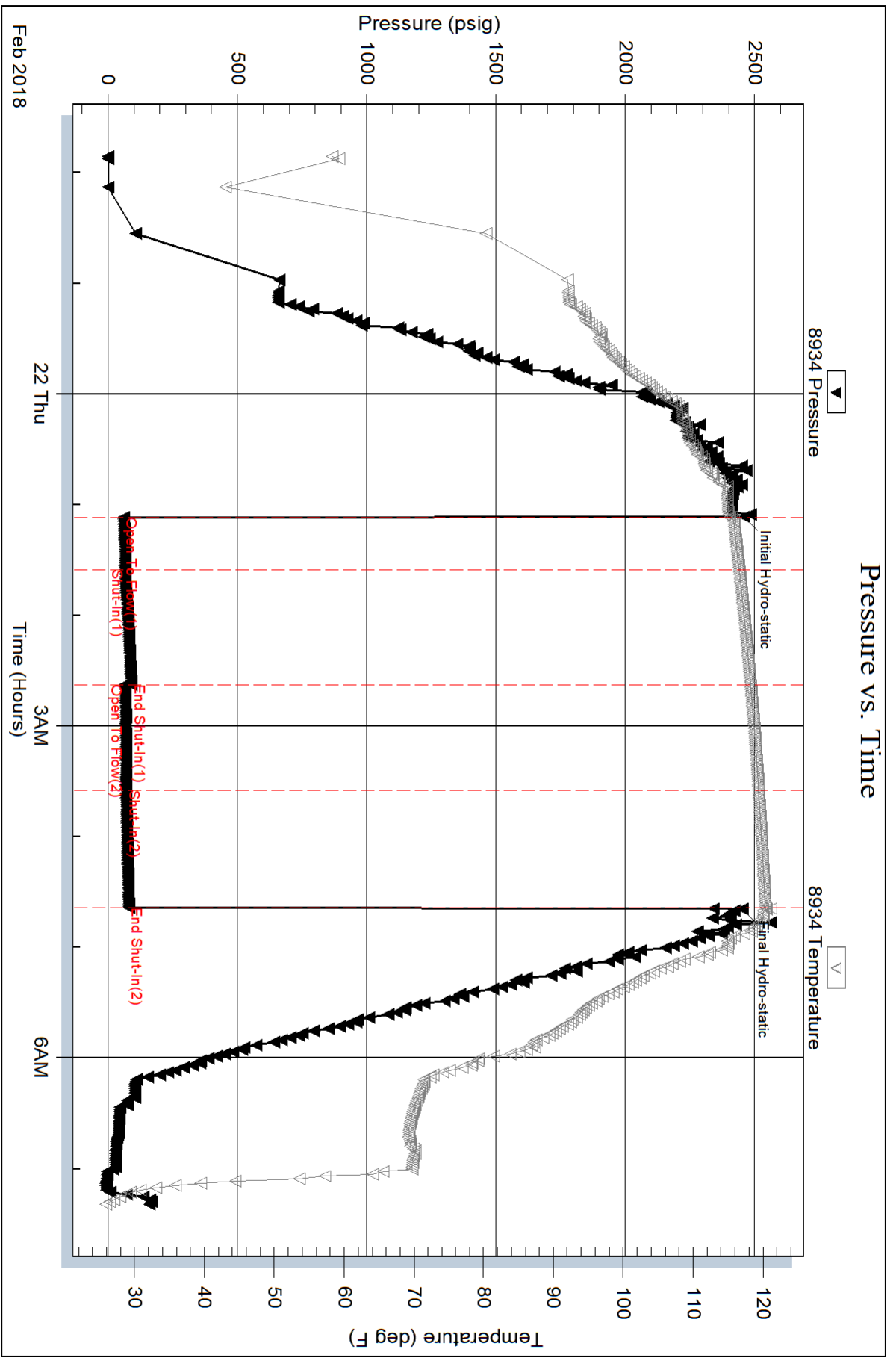
Recovery Comments: 2&1/2#LCM

Serial #: 8934

Outside Woodsey Operating Co., LLC

Janssen #1

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 63752

Printed: 2018.02.22 @ 09:17:30

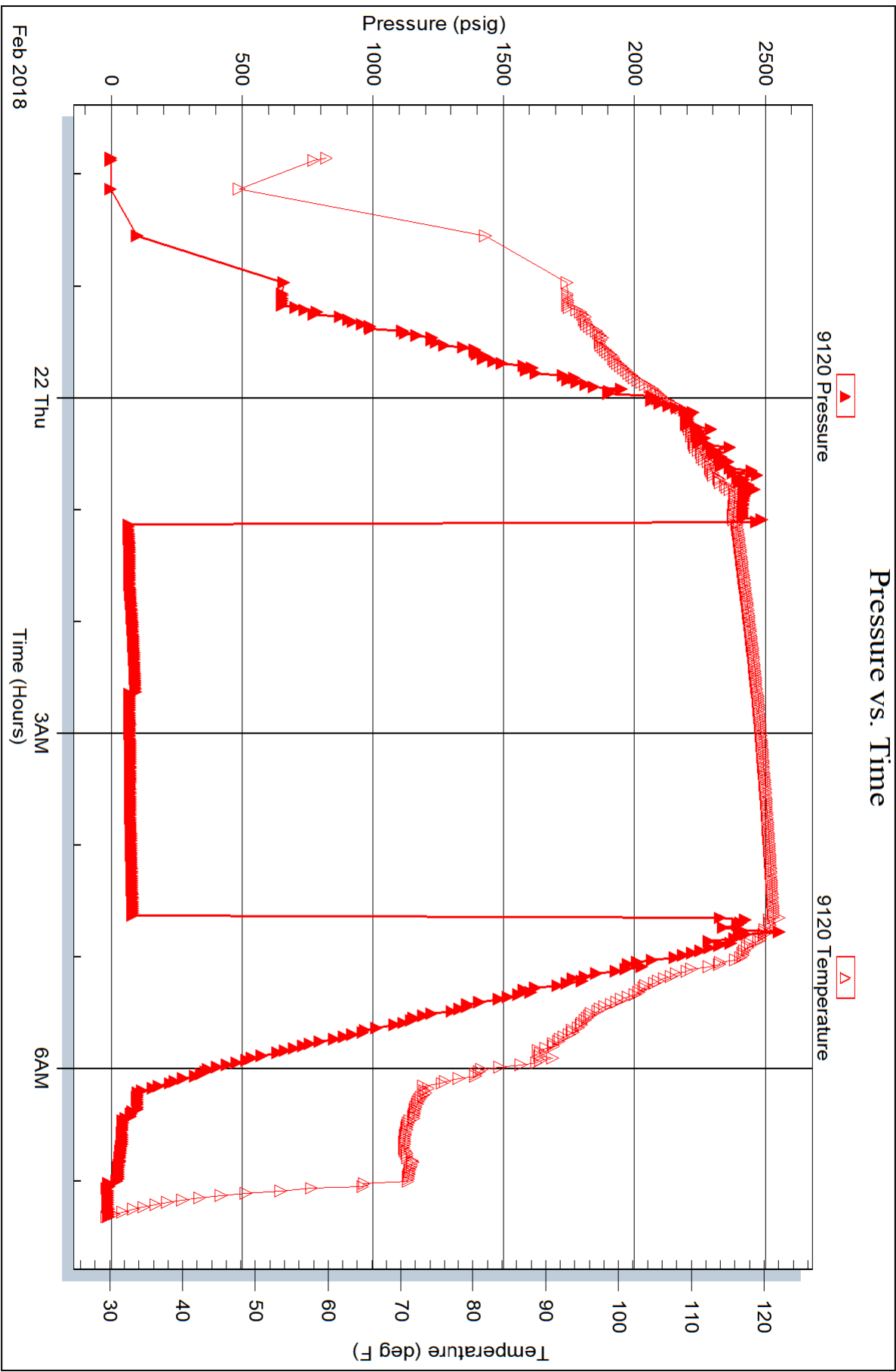
Serial #: 9120

Inside

Woodsey Operating Co., LLC

Janssen #1

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 63752

Printed: 2018.02.22 @ 09:17:30

Woolsey Operating Company, LLC

Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Janssen #1
Location: Section 27 - Township 27 North - Range 20 West
License Number: 15-097-21837-00-00
Spud Date: February 14, 2018
Region: Kiowa County, Kansas
Drilling Completed: February 23, 2018
Surface Coordinates: 172°0' FSL & 87°0' FEL
NE SW NE SE

Bottom Hole Coordinates:
Ground Elevation (ft): 2282' K.B. Elevation (ft): 2294'
Logged Interval (ft): 3500'
To: 5000' **Total Depth (ft):** 5000'
Formation: Topeka
Type of Drilling Fluid: Chemical Slur
Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

Company: Woolsey Operating Company, LLC
Address: 125 N. Market, Suite 1000
Wichita, KS 67202

OPERATOR

Name: Bill Klaver
Company: Woolsey Operating Co. LLC
Address: 125 N. Market, Wichita Kansas, 67202

GEOLOGIST

Surface Casing: Spud 6:15 on 2/14/2018, Set 8 joints 8.5/8" X 2 1/4" ft new casing at 358' KB (tally 345') with 260 sx 60/40 poz, 2% gel, 3% cc (by Basic). Plug down 5 am on 2/15/2018. Cement did circulate.
Production Casing: None ran

Deviation Surveys: 3/4 at 362', 3/4 at 941', 1 at 1506', 1/2 at 2007', 3/4 at 2509', 1/2 at 3011', 3/4 at 3513', 1 at 4015', 1 at 4517', 1/2 at 4882'
Pipe Strap @ 4882': Board: 4893.63', Strap: 4895.18', strap 1.55' long.

Fossil Drilling Rig 3 Bit Record:
1) 12 1/4" Reed RT RR in at 0' out at 362', 5.25 hours
2) 7 7/8" VanL U616S PDC in at 362' out 5000'

Gas Detector: Pason Systems
Mud System: Mud-Co, Brad Bortz, Jason Whiting
DS Ts: Telokite Testing, Spencer J. Stach, Geologist/WESTER
E-Logs: ELI, Dual Induction Laterolog w/SP CNL-FDC Wiper, GR & Caliper, Sonic w/GR, Jason Cappellucci, Engineer

DS Ts

DST #1 Mississippi, 4796-4882, 30"-60"-60"-60", Weak 1" blow on IFP, Weak 1/2" blow on FFP, Rec: 20' Drilling Mud, HP 2460, IFF 59-65, ISIP 89, FFP 63-69, FSP 90, FHP 2452, BHT 130 deg.

CREWS

Rick Barringer, Pusher
Paul Luna, Days
Kevin Shiff, Evening
Chris Staats, Morning

ROCK TYPES

Anhy	Dol	Sh	Shale 3
Bent	Dol	Ss	Shaly dol
Brec	Dys	Black sh	Dol Inmet
Cht	Sdy	Gry sh	Dol 2
Clyst	Lmst	Shale	Granite wash
Coal	Mrst	Slystst	Lmst
Congl	Salt	Slysh	Calc dol
Sdy dolo	Shale	Ss 2	Shale 3

ACCESSORIES

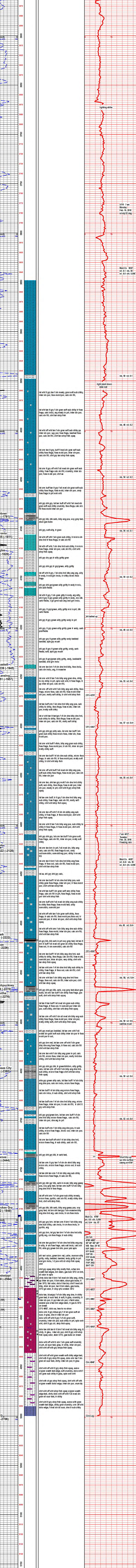
Chlorite	Pelec	Grysh
Dol	Pellet	Gryst
Sand	Pisolite	Lms
Silty	Plant	Sandylms
Algae	Strom	Sh
Amph	Fuss	Ststn
Belm	Oomoldic	
Bioclst		
Brach		
Bryocoa		
Capht		
Coral		
Crin		
Echin		
Fish		
Foram		
Fossil		
Gastr		
Oolite		

STRINGER

Anhy	Grysh
Arg	Gryst
Bent	Lms
Coal	Sandylms
Dol	Sh
Gyp	Ststn
Ls	
Mrst	
Slsstrg	
Sltstrg	
Sltst	
Clystn	
Dol	

TEXTURE

Boundst	
Chalky	
Cryxln	
Earthy	
Finexln	
Grainst	
Lithogr	
Microxln	
Mudst	
Packet	
Wackest	



Woolsey Operating Co. LLC
125 N. Market, Suite 1000
Wichita, KS 67202
172° FSL & 87° FEL
NE SW NE SE
Kiowa County, Kansas
GL 2382' KB 2294'
API # 15-097-21837-00-00