

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) (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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Green Country Wireline

GAMMA RAY
CEMENT BOND
CCL VDL

Company SUERTE OIL & GAS
Well DUNCAN # 3

Field

County CHAUTAUQUA State KANSAS

Location: NW NW NE SW
2805 FNL & 1470 FWL
API #: 15-019-27595

Other Services

SEC 5 TWP 35S RGE 13E

Permanent Datum G.L. Elevation 791'
Log Measured From G.L.
Drilling Measured From G.L.

Date 10-9-17
Run Number ONE
Depth Collar 725'
Depth Logger 727'
Bottom Logged Interval 726'

Open Hole Size SURFACE
Type Fluid WATER
Density / Viscosity

Max. Recorded Temp. SURFACE
Estimated Cement Top

Time Well Ready
Time Logger on Bottom
Equipment Number 1

Location DENVER
Recorded By HERREN
Witnessed By MR BIRD

Run Number Bit From To

Borehole Record Tubing Record
From To Size Weight From To

Casing Record Size Varyft
Surface String 8.625" SURFACE
Prot. String 4.5" SURFACE
Production String TD

<<< Fold Here >>>

All interpretations and opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

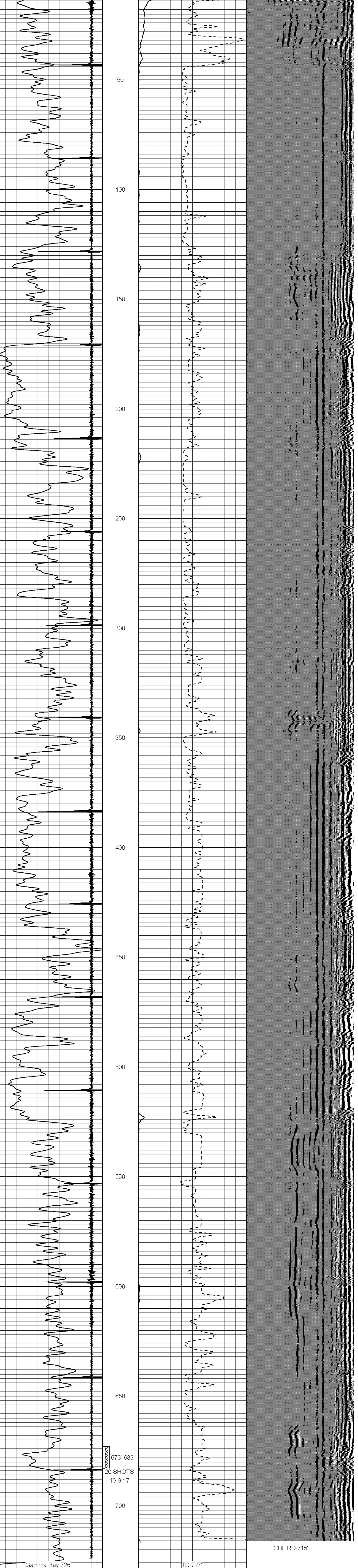
Comments

GR CBL CCL VDL

Database File: duncan3.db
Dataset Pathname: duncan3/run1/pass1
Presentation Format: cbl_dr
Dataset Creation: Mon Oct 09 09:59:31 2017 by Log Std Casedhole 07122
Charted by: Depth in Feet scaled 1:240

9 Collar Locator -1
0 Gamma Ray (GAPI) (GAPI) 60

-1 Amplitude (mV) 60 200
1000 Travel Time (usec) 350



9 Collar Locator -1
0 Gamma Ray (GAPI) (GAPI) 60

-1 Amplitude (mV) 60 200
1000 Travel Time (usec) 350

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Governor Jeff Colyer, M.D.

February 15, 2018

David Bird
Suerte Oil & Gas LLC
2140 S. US HWY 5
INDEPENDENCE, KS 67301

Re: ACO-1
API 15-019-27595-00-00
DUNCAN 3
SW/4 Sec.05-35S-13E
Chautauqua County, Kansas

Dear David Bird:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 09/29/2017 and the ACO-1 was received on February 15, 2018 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department

STATEMENT

ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date 9-25-17

13116

W/keys
for generator
11/1/17

Customer L. A. Trucking & Backhoe Co

Address 1580 CR 1425

City Carney State Ks Zip 67333

Qty.	Description	Price	Amount
2	hr Pulling Unit	120.00	240.00
1 1/2	hr Cement Pump	120.00	180.00
30	SKS Cement	12.50	375.00
	Duncan #3		795.00
	Ripped 1/2 Pulling Unit	Tax	67.58
	Ran 40 of 85% Paving		862.58
	Washed Paving Down Cemented		
	With 30 SK To Surface		

Thank You - We appreciate your business!

Recd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.

Duncan #3

CEMENTING LOG

Company	Suetre Oil and Gas, LLC	Lease	0	Well Name/No.	Duncan #3
Type Job	Longstring	Type & Amt Material	Class A + 3 % CC + 2 % Gel + 1/4 lb/sx phenoseal		
Field	0	Ticket Number	50155		

CASING DATA					
Size	4.5	Type	Weight	11.6	Collar
Casing Depths:	Top	0	Bottom	7.25	
Drill Pipe:	Size	Weight	Collars		
Open Hole:	Size	6.75	T.D. (ft)	733	P.B. to (ft)

CAPACITY FACTORS					
Casing	Bbbs/Lin. ft.		0.0155	Lin. ft./Bbl	
Open Holes	Bbbs/Lin. ft.			Lin. ft./Bbl	
Drill Pipes	Bbbs/Lin. ft.			Lin. ft./Bbl	
Annulus	Bbbs/Lin. ft.		0.0246	Lin. ft./Bbl	
	Bbbs/Lin. ft.			Lin. ft./Bbl	
Perforations	From (ft)	To	Amount		

CEMENT DATA					
Spacer Type	Mudflush				
Amt.	7 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	Class A	Excess	30	
Amt.	95	Sks Yield	1.41	ft ³ /sk	Density (PPG)
					14.8

WATER					
Lead	gals/sk	Tail	6.85	gals/sk	Total (Bbbs.)
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. (Bbbs.)	11.4	Weight (PPG)	
Mud Type				Weight (PPG)	

COMPANY REPRESENTATIVE David Bird CEMENTER Jake Heard

TIME	PRESSURES PSI		FLUID PUMPED DATA			REMARKS
	DRILL PIPE CASING	ANNULUS	TOTAL FLUID	PUMPED/ TIME PERIOD	RATE (BBLS MIN.)	
12:00						On location Safety meeting spot in and rig up
						Hook up to casing
						Drop ball
12:30	100		10		4	Break circulation
	200		5		4	Pump ball through
	150		7		4	Pump mudflush
	150		8		4	Pump dyed water
	150		23.85		4	Mix and pump cement
						Stop
			10			Wash pump and lines
						Release plug
	200		11.5		4	Displace
1:05	1200		11.5		3	Bump plug
	0					Release pressure
						Shut in well
						Rig down and leave location
						Thanks
						Jake, Kevin, and Billy