

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 Recompletion Date _____ 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

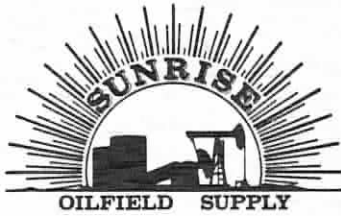
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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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PIPE

TALLY



DATE 3-28 2018

PAGE 1 OF 1

CUSTOMER Hick... LEASE & WELL NO. _____

USED/NEW COND _____ SIZE 5 1/2 WT _____ GRD APL THD 8.0 R- 3

MFG _____ ORDER BY _____ SHIP VIA _____

#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.	#	FT.	IN.			
1	38	50	26			51			76			101			126			151		
2	38	20	27			52			77			102			127			152		
3	39	15	28			53			78			103			128			153		
4	38	-	29			54			79			104			129			154		
5	39	40	30			55			80			105			130			155		
6	38	05	31			56			81			106			131			156		
7	39	-	32			57			82			107			132			157		
8	38	50	33			58			83			108			133			158		
9	38	80	34			59			84			109			134			159		
10	39	40	35			60			85			110			135			160		
11	40	50	36			61			86			111			136			161		
12	37	30	37			62			87			112			137			162		
13	39	80	38			63			88			113			138			163		
14	38 60		39			64			89			114			139			164		
15	38 00		40			65			90			115			140			165		
16			41			66			91			116			141			166		
17			42			67			92			117			142			167		
18			43			68			93			118			143			168		
19			44			69			94			119			144			169		
20			45			70			95			120			145			170		
21			46			71			96			121			146			171		
22			47			72			97			122			147			172		
23			48			73			98			123			148			173		
24			49			74			99			124			149			174		
25			50			75			100			125			150			175		
T	505	90	T			T			T			T			T			T		

TALLIED BY MT DR TOTAL JTS 13 TOTAL FOOTAGE 505.90

SPECIAL INSTRUCTIONS 502.00 Tally off.

ORIGINAL TO REMAIN IN BOOK - DUPLICATE TO BE ATTACHED TO CUSTOMER'S INVOICE - TRIPLICATE TO BE GIVEN TO CUSTOMER'S REPRESENTATIVE AT TIME OF DELIVERY.



American Concrete Company, Inc.

TICKET NO.

117518

www.americanconcreteco.net



504 N. SMELTER

PITTSBURG, KANSAS 66762

P: 620.231.1520

F: 620.231.0878

CAUTION: FRESHLY MIXED CONCRETE MAY CAUSE SKIN OR EYE IRRITATION. AVOID CONTACT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING. IF EXPOSED WASH WITH WATER IMMEDIATELY.

NOTE: This concrete is accurately weighed by computer while batch weights for each load are recorded. The water/cement ratio is designed for optimum strength and durability. We cannot assume responsibility for the concrete if excessive water is added to the mix. (Purchaser's Risk)

RETURN
PLANTLEAVE
PLANTTOTAL
TRIP TIME

2018 APR 3 AM 10

INVOICE TO 1909
Double J Energy, LLC
Chuck Heckert
PO Box 147
Mindenmines MO 64769

DELIVER TO
W 126 to 530th, 2 Miles W S Side

DELIVERIES BEYOND
CURB OR PROPERTY LINE
PURCHASER'S RISK

DATE	ORDERED	DELIVERED	JOB	MIX	TRUCK	DRIVER	TIME LOADED
04/03/2018	1.00	1.00		676	5	RICK	9:56 AM

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
75 BAGS CEMENT 6 1/4 GALS	1.00		

MIX DESIGNS FURNISHED BY
PURCHASER, PURCHASER
ASSUMES RESPONSIBILITY
FOR PAYMENT OF SAME.

CUSTOMER SIGNATURE

WATER ADDED AT JOB

Gals.

SUB TOTAL

SALES TAX

TOTAL

PURCHASER AGREES TO PAY HIGHEST LEGAL RATE OF INTEREST & REASONABLE
ATTORNEY FEES ON PAST DUE ACCOUNT.

Truck	Driver	User	Disp	Ticket Num	Ticket ID	Time	Date
5	RICK	MDC			117518	9:56	4/3/18
Load Size	Mix Code	Returned	Qty	Mix Age	Seq	Load ID	
1.00 yd	676				D	38845	
Material	Design Qty	Required	Batched	% Var	% Moisture	% AbsP	Actual Wat
CEMENT	7050.0 lb	7050.0 lb	6986.0 lb	-0.91%			
WATER	469.00 gl	469.00 gl	469.00 gl	0.00%			469.00 gl
Actual	800	800					
Prod Total	10900 lb	Design 0.535	Water/Cement 0.560	A	Manual 9:56:52	Design 469.0 gl	Actual 469.0 gl
slump	11.0 in	Water in Truck 0.0 gl	Adjust Water: 0.0 gl	/ Load	Trim Water: 0.0 gl/ yd	To Add: 0.0 gl	

SEE REVERSE SIDE FOR ADDITIONAL TERMS