

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Order No.
1918



457 Yucca Lane • Pratt, Kansas 67124 • 620-388-5676

Date: 3/5/2018

Company: Urban Oil & Gas Group LLC
 Billing Address: _____
 Client Order #: 060
 State: _____

Lease #: _____
 Well #: _____
 County: Goodson # 23X
 Field Name: Greenwich
 Lease (Acres): 500'
 State: Kansas
 Customer I.D.: 5/2
 Legal Description (Approximate): M-263-2E
 Operator: 9' A/G
 Customer I.D.: _____

Operator: AJ Schmiele
 Operator: K. Schmiele
 Product Code: _____
 Description: _____
 Type: 02

Product Code	Description	City	Unit Price	From	To	Amount
	5/2 Bridge Plug					800.00
	Sealing Charge @ 3140	3140	Min	0	3140	1000.00
	Dump Braker w/ cement 3132	3140	20	0	3140	628.00
	3 x 4	12		2864	2867	
	2864					
	-2.5					
	2861.5					
	AFE # 709					
	10880.25					
	Service Charge					280.00
	Rec'd off					200.00

SUBTOTAL	
DISCOUNT	
SUBTOTAL	
TAX	
NET TOTAL	

Received the above services according to the terms and conditions specified herein, which we have agreed to which we hereby agree.

Customer: AJ Schmiele

General Terms and Conditions

(1) All amounts are to be paid within the terms listed by Goodson Service and should these terms not be otherwise stated at the rate of 1.5% per month will be charged from the date of each invoice. Interest Accrues. Cash, Prepay and other fees will be added to amounts listed over its collection.

(2) Because of the uncertain conditions existing in a well which are beyond the control of Goodson Service, it is understood by the customer that Goodson Service cannot guarantee the results of their services and will not be held responsible for personal or property damage in the performance of their services.

(3) Should any of Goodson Service's subsidiaries be sold or transferred to the performance of the operations requested, the customer agrees to accept every responsibility with respect to the same, and to continue to pay for the value of the items which are requested or for the cost of recovery (damage) to be recovered.

(4) It is further understood and agreed that all such transactions shall be supervised by the customer or its employees and customer hereby certifies that the work, as listed, were approved.

(5) The customer certifies that it has the full right and authority to enter such work on such well, and that the well in which the work is to be done by Goodson Service is in proper and suitable condition for the performance of said work.

(6) No employee is authorized to enter the name or conditions of this agreement.



Service Order No.
1920

487 Yucca Lane • P.O. Box 67124 • 650-348-6070 Date 3/22/18

Company: Urban Oil & Gas Group, LLC Client Order: CLD

Address: Greenville, S.C. 576 14-265-2E

County: Kansas 5 1/2

Field Line: 370 AGL

Operator: R. Schmucker License: 02

Product Code	Description	Qty	Unit Price	From	To	Amount
	<u>5 1/2 Bridge Plug</u>					<u>800.00</u>
	<u>Setting Charge @ 2810</u>	<u>2810</u>	<u>Mn</u>	<u>0</u>	<u>2810</u>	<u>1000.00</u>
	<u>-8</u>					
	<u>2802</u>					
	<u>Ramp Boiler w/ Cement</u>	<u>2810</u>	<u>Mn</u>	<u>0</u>	<u>2810</u>	<u>600.00</u>
	<u>Gamma Gun</u>	<u>2650</u>	<u>Mn</u>	<u>0</u>	<u>2650</u>	<u>1000.00</u>
	<u>Logging Charge</u>	<u>200</u>	<u>Mn</u>	<u>2650</u>	<u>2450</u>	<u>100.00</u>
	<u>8 x 4</u>	<u>52</u>		<u>2548</u>	<u>2556</u>	<u>2300.00</u>
	<u>Service Charge</u>	<u>2545</u>				<u>200.00</u>
	<u>Pick-off</u>					<u>7010.00</u>
						<u>DISCOUNT</u>
						<u>SUBTOTAL</u>
						<u>DISCOUNT</u>
						<u>SUBTOTAL</u>
						<u>TAX</u>
						<u>NET TOTAL</u>

Received the above service according to the terms and conditions specified below. AFE # 707
 which is filed first and to which we hereby agree. 10-050-2.5

Customer: R. Schmucker

General Terms and Conditions

(1) All amounts are to be paid within the terms listed in Xcel Wireline invoices and should those terms not be obtained, interest at the rate of 1.5% per month will be charged from the date of each invoice. Invoiced Attorney Court Fees and other fees will be added to amounts listed here to collections.

(2) Because of the uncertain conditions existing in a well which are beyond the control of Xcel Wireline, it is understood by the customer that Xcel Wireline cannot guarantee the results of these services and will not be held responsible for personal or property damage in the performance of these services.

(3) Should any of Xcel Wireline investments be lost or damaged in the performance of the operations requested, the customer agrees to make every reasonable effort to recover same, and to reimburse Xcel Wireline for the value of the items which cannot be recovered or for the cost of replacing damaged or being recovered.

(4) It is further understood and agreed that all Xcel Wireline investments shall be supervised by the customer or its employees and customer hereby certifies that the person, or persons, who approved.

(5) The customer certifies that it has the full right and authority to enter into this well, and that the well is within the work to be done by Xcel Wireline in its capacity and subject to the performance of said work.

(6) No employee is authorized to enter the terms or conditions of this agreement.

