

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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Form	ACO1 - Well Completion
Operator	Black Stone Petroleum LLC
Well Name	MOORE 1
Doc ID	1408949

All Electric Logs Run

Micro
Density/Neutron
Sonic
Dual Induction

GLOBAL OIL FIELD SERVICES, LLC

3226

REMIT TO 24 S. Lincoln
Russell, KS 67665

SERVICE POINT: Russell

DATE <u>12-12-17</u>	SEC. <u>25</u>	TWP. <u>18</u>	RANGE <u>16</u>	CALLED OUT	ON LOCATION	JOB START <u>3:30</u>	JOB FINISH <u>6:00 PM</u>
LEASE <u>Moore</u>	WELL # <u>#1</u>	LOCATION <u>Otis Ks. 7 S 1/4 E 1/4 S</u>			COUNTY <u>RUSH</u>	STATE <u>KANSAS</u>	
OLD OR <input checked="" type="radio"/> NEW (CIRCLE ONE)							

CONTRACTOR SOUTHWIND RIG #1

TYPE OF JOB PRODUCTION & TRING

HOLE SIZE 7 7/8 T.D. 3635

CASING SIZE 5 1/2 csg DEPTH 3628

TUBING SIZE LATCH DOWN DEPTH 3607

DRILL PIPE 8 5/8 SURFACE DEPTH 1361

TOOL DEPTH

PRES. MAX. MINIMUM

MEAS. LINE SHOE JOINT 21.12

CEMENT LEFT IN CSG.

PERFS 15.50 # csg

DISPLACEMENT 3601 85.88 / BBL

EQUIPMENT 85.88 BBL

PUMP TRUCK # 409 CEMENTER Cody H. HELPER

BULK TRUCK # 412 DRIVER MARK

BULK TRUCK # DRIVER

OWNER _____

CEMENT AMOUNT ORDERED 150 sx GC SB

COMMON @ _____

POZMIX @ _____

GBL @ _____

CHLORIDE @ _____

ASC @ _____

HANDLING @ _____

MILEAGE @ _____

TOTAL _____

REMARKS: 15.50 # csg

Set 5 1/2 csg. 3628, LATCH-DOWN Plug @ 3607 mixed SX Cement

Clear Line, Release LATCH DOWN Plug & Displaced 82.40 BBL & SHUT IN.

15 SK @ mouse hole

30 SK @ Rat hole THANK'S

CHARGE TO: Black Stone Petroleum LLC

STREET _____

CITY _____ STATE _____ ZIP _____

Global Oil Field Services, LLC

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Wesley Pfaff

SIGNATURE Wesley Pfaff

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE @ _____

MANIFOLD @ _____

TOTAL _____

PLUG & FLOAT EQUIPMENT

AFU FLOAT Shoe

LATCH DOWN Plug Assy

6 - CENTRALIZERS @ _____

3 - BASKETS @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS



**Company: Black Stone
Petroleum, LLC
Lease: Moore #1**

SEC: 25 TWN: 18S RNG: 16W
County: RUSH
State: Kansas
Drilling Contractor: Southwind Drilling,
Inc - Rig 1
Elevation: 1930 EGL
Field Name: Otis-Albert
Pool: Infield
Job Number: 96

DATE
December
10
2017

DST #1 **Formation: REAGAN SAND** **Test Interval: 3497 - 3554'** **Total Depth: 3554'**
Time On: 09:10 12/10 Time Off: 14:10 12/10
Time On Bottom: 11:31 12/10 Time Off Bottom: 11:31 12/10

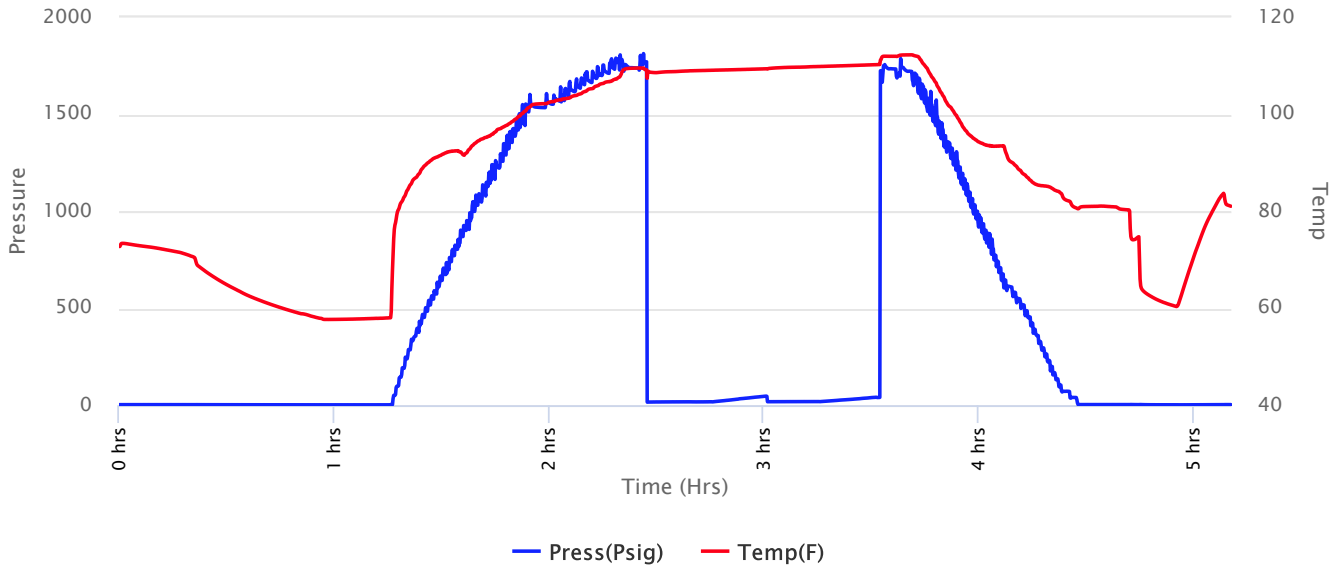
Electronic Volume
Estimate:
6'

1st Open
Minutes: 15
.6" at 15 min

1st Close
Minutes: 15
0" at 15 min

2nd Open
Minutes: 15
.1" at 15 min

2nd Close
Minutes: 15
0" at 15 min





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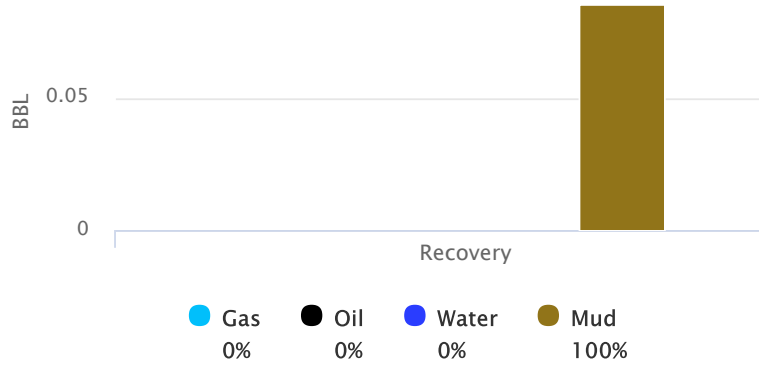
Recovered

<u>Foot</u>	<u>BBLs</u>	<u>Description of Fluid</u>	<u>Gas %</u>	<u>Oil %</u>	<u>Water %</u>	<u>Mud %</u>
6	0.08538	M	0	0	0	100

Total Recovered: 6 ft
Total Barrels Recovered: 0.08538

Reversed Out
NO

Recovery at a glance



Initial Hydrostatic Pressure	1728	PSI
Initial Flow	16 to 18	PSI
Initial Closed in Pressure	46	PSI
Final Flow Pressure	19 to 19	PSI
Final Closed in Pressure	41	PSI
Final Hydrostatic Pressure	1688	PSI
Temperature	111	°F
Pressure Change Initial Close / Final Close	12.1	%



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DATE December 10 2017
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	Time On: 09:10 12/10	Time Off: 14:10 12/10	
	Time On Bottom: 11:31 12/10	Time Off Bottom: 11:31 12/10	

REMARKS:

TOOL SAMPLE:100% MUD

IFP:WSB-INCREASING TO 1/2" IN 15 MINUTES

ISIP:NO BLOW BACK

FFP:NO BLOW-INCREASING TO WSB IN 15 MINUTES

FSIP:NO BLOW BACK



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<p>DATE December 10 2017</p>
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Time On: 09:10 12/10 Time Off: 14:10 12/10
Time On Bottom: 11:31 12/10 Time Off Bottom: 11:31 12/10

Down Hole Makeup

Heads Up: 22.25 FT	Packer 1: 3491.5 FT
Drill Pipe: 3485.68 FT <i>ID-3 1/2</i>	Packer 2: 3497 FT
Weight Pipe: FT <i>ID-2 7/8</i>	Top Recorder: 3480.42 FT
Collars: FT <i>ID-2 1/4</i>	Bottom Recorder: 3555 FT
Test Tool: 34.57 FT <i>ID-3 1/2-FH</i> <i>Jars</i> <i>Safety Joint</i>	Well Bore Size: 7 7/8
Total Anchor: 57	Surface Choke: 1"
<u>Anchor Makeup</u>	Bottom Choke: 5/8"
Packer Sub: 1 FT	
Perforations: (top): 56 FT <i>4 1/2-FH</i>	
Change Over: FT	
Drill Pipe: (in anchor): FT <i>ID-3 1/2</i>	
Change Over: FT	
Perforations: (below): FT <i>4 1/2-FH</i>	



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Inc - Rig 1
Elevation: 1930 EGL
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Pool: Infield
Job Number: 96

DATE
December
10
2017

DST #2 **Formation: REAGAN SAND** **Test Interval: 3545 - 3571'** **Total Depth: 3571'**
Time On: 21:15 12/10 Time Off: 03:00 12/11
Time On Bottom: 23:05 12/10 Time Off Bottom: 01:05 12/11

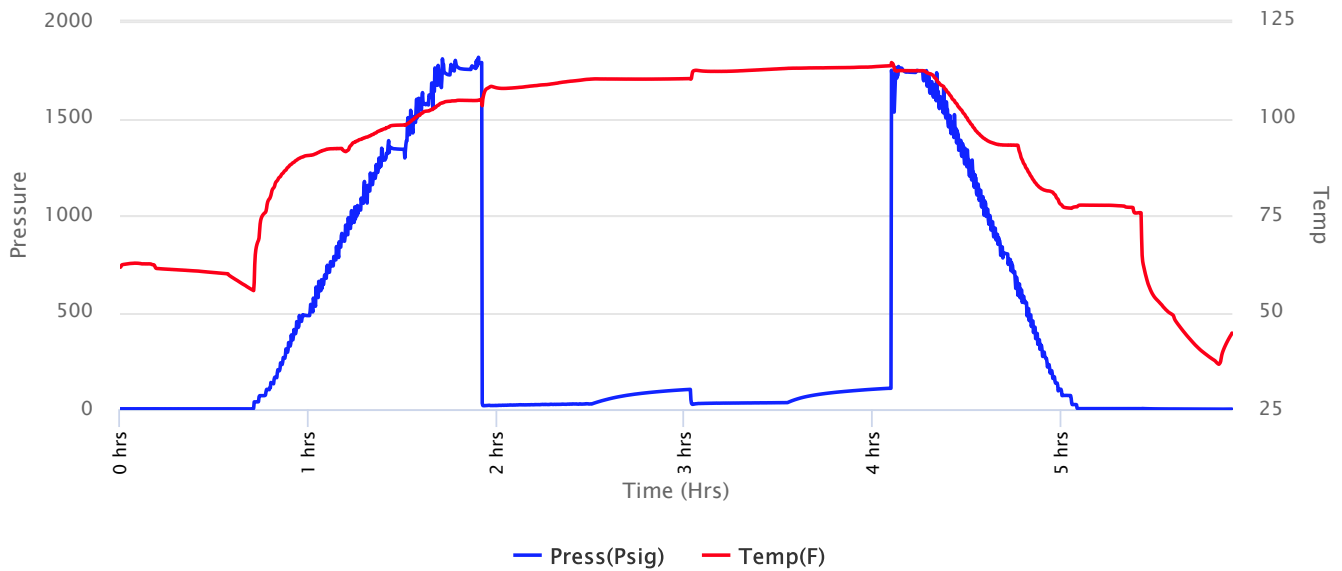
Electronic Volume
Estimate:
192'

1st Open
Minutes: 30
12.7" at 30 min

1st Close
Minutes: 30
0" at 30 min

2nd Open
Minutes: 30
8.3" at 30 min

2nd Close
Minutes: 30
0" at 30 min





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State: Kansas
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Elevation: 1930 EGL
Field Name: Otis-Albert
Pool: Infield
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DATE
December
10
2017

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Time On: 21:15 12/10 Time Off: 03:00 12/11
Time On Bottom: 23:05 12/10 Time Off Bottom: 01:05 12/11

Recovered

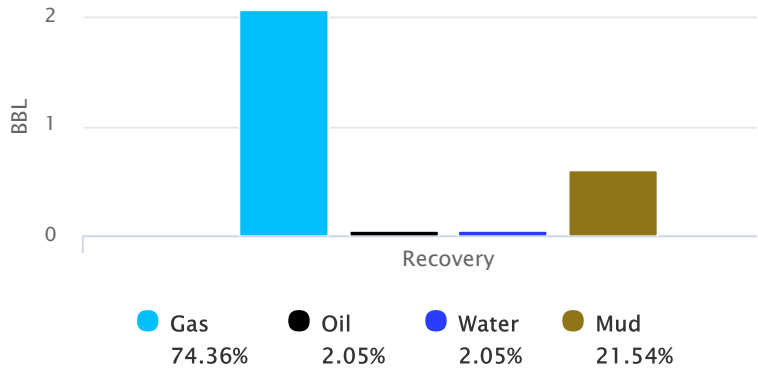
Foot	BBLs	Description of Fluid	Gas %	Oil %	Water %	Mud %
145	2.06335	G	100	0	0	0
50	0.7115	SLWCSLOCM	0	8	8	84

Total Recovered: 195 ft
Total Barrels Recovered: 2.77485

Reversed Out
NO

Initial Hydrostatic Pressure	1753	PSI
Initial Flow	19 to 27	PSI
Initial Closed in Pressure	103	PSI
Final Flow Pressure	28 to 35	PSI
Final Closed in Pressure	108	PSI
Final Hydrostatic Pressure	1738	PSI
Temperature	114	°F
Pressure Change Initial Close / Final Close	0.0	%

Recovery at a glance





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REMARKS:

TOOL SAMPLE:22% OIL 20% WATER 58% MUD

IFP:1/4"BLOW-INCREASING TO BOB IN 27 MINUTES

ISIP:NO BLOW BACK

FFP:1"BLOW-INCREASING TO 8 1/4" IN 30 MINUTES

FSIP:NO BLOW BACK

Ph: 9

RW: .62 @ 30 degrees F

Chlorides: 22000 ppm



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Time On Bottom: 23:05 12/10 Time Off Bottom: 01:05 12/11

Down Hole Makeup

Heads Up: 6.34 FT	Packer 1: 3539.5 FT
Drill Pipe: 3517.77 FT <i>ID-3 1/2</i>	Packer 2: 3545 FT
Weight Pipe: FT <i>ID-2 7/8</i>	Top Recorder: 3528.42 FT
Collars: FT <i>ID-2 1/4</i>	Bottom Recorder: 3550 FT
Test Tool: 34.57 FT <i>ID-3 1/2-FH</i> <i>Jars</i> <i>Safety Joint</i>	Well Bore Size: 7 7/8
Total Anchor: 26	Surface Choke: 1"
<u>Anchor Makeup</u>	Bottom Choke: 5/8"
Packer Sub: 1 FT	
Perforations: (top): 3 FT <i>4 1/2-FH</i>	
Change Over: FT	
Drill Pipe: (in anchor): FT <i>ID-3 1/2</i>	
Change Over: FT	
Perforations: (below): 22 FT <i>4 1/2-FH</i>	



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Gas Volume Report

1st Open

2nd Open

Time	Orifice	PSI	MCF/D
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Time	Orifice	PSI	MCF/D
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