

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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Johnson County, KS
Well: Thomas C 3-2
Lease Owner: ST Petroleum

Town Oilfield Service, Inc.
(913) 294-2125

Commenced Spudding:
5/2/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-12	Soil-Clay	12
28	Lime	40
7	Shale	47
9	Lime	56
8	Shale	64
15	Lime	79
13	Shale	92
6	Sand	98
76	Lime	174
30	Shale	204
9	Lime	213
18	Shale	231
7	Lime	238
3	Shale	241
9	Lime	250
35	Shale	285
1	Lime	286
9	Shale	295
25	Lime	320
8	Shale	328
23	Lime	351
4	Shale	355
3	Lime	358
6	Shale	364
8	Lime	372
173	Shale	545
5	Lime	550
2	Shale	552
4	Lime	556
5	Shale	561
7	Lime	568
17	Shale	585
3	Lime	588
6	Shale	594
12	Lime	606
93	Shale	699
2	Lime	701
37	Shale	738
3	Lime	741
89	Shale	830

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times .14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. 3-2

Farm Thomas C

KS
(State)

Johnson
(County)

14
(Section)

14
(Township)

22
(Range)

For ST Petroleum
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-12	Soil-clay	12	
28	Lime	40	
7	Shale	47	
9	Lime	56	
8	Shale	64	
15	Lime	79	
13	Shale	92	
6	Sand	98	red bed
76	Lime	174	no oil
30	Shale	204	
9	Lime	213	
18	Shale	231	
7	Lime	238	
3	Shale	241	
9	Lime	250	
35	Shale	285	
1	Lime	286	
9	Shale	295	
25	Lime	320	
8	Shale	328	
23	Lime	351	
4	Shale	355	
3	Lime	358	
6	Shale	364	
8	Lime	372	Hertha
173	Shale	545	
5	Lime	550	



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-9878

10622
 10512

TICKET NUMBER 54007
 LOCATION Offawa, KS
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/7/18	7532	Thomas C # 3-2	SW14	14	22	Jo
CUSTOMER <u>ST Petroleum Inc.</u>			TRUCK #			
MAILING ADDRESS <u>15800 Sunflower Rd</u>			DRIVER			
CITY <u>Edgerton</u> STATE <u>KS</u> ZIP CODE <u>66021</u>			TRUCK #			
			DRIVER			
JOB TYPE <u>Logging</u>			TRUCK # <u>729</u> DRIVER <u>Caskan</u> <input checked="" type="checkbox"/> <u>Safety/Loading</u>			
CASING DEPTH <u>912'</u>			TRUCK # <u>495</u> DRIVER <u>Har Bar</u> <input checked="" type="checkbox"/>			
SLURRY WEIGHT			TRUCK # <u>503</u> DRIVER <u>Gerwik</u> <input checked="" type="checkbox"/>			
DISPLACEMENT <u>5.09 bbls</u>			TRUCK # <u>675</u> DRIVER <u>Kei Det</u> <input checked="" type="checkbox"/>			
HOLE SIZE <u>5 5/8"</u>			HOLE DEPTH <u>920'</u>			
DRILL PIPE			CASING SIZE & WEIGHT <u>2 7/8" EUG</u>			
WATER gal/sk			TUBING <u>baffle - 880'</u>			
CEMENT LEFT in CASING <u>32'</u>			OTHER			
RATE <u>4/10 per</u>						
REMARKS: <u>held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbls fresh water, mixed & pumped 119 sks Pozblend 1A cement w/ 2% gel + 1/4 # Flo Seal per sk, Cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 5.09 bbls fresh water, pressured to 800 PSI, released pressure to set float.</u>						

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	min	ton mileage	600.00	
INE0853	2 hrs	80 Vac	200.00	
		trucks	2574.50	
		- 30%	772.35	
		subtotal		1802.15
CC5840	119 sks	Pozblend 1A cement	11606.50	
CC5965	300 #	Gel	90.00	
CC6075	30 #	Flo Seal	60.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1801.50	
		- 30%	540.45	
		subtotal		1261.05
		7.975%		100.57
		SALES TAX		100.57
		ESTIMATED TOTAL		3163.77
				4519.67

Rev'n 3737

AUTHORIZATION [Signature] TITLE _____ DATE 5/19/18

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.