

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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HUGHES DRILLING REPORT

So. Co., Kansas
1410 FSL 3280 FEL

Well No 11
Farm McKaugher
SURFACE CASING
Size 21.70
Feet 7" (new)
Circulated 5 sx cement

PERMANENT CSG.
Size 2 7/8" 8' EUG (used)
Feet 925' Flact shoes on Bottom

API # 15-091-24495
Sec 36 TWP. 19 R. 21

OPERATOR Hughes Drilling

T. D. at Completion 940
Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
3	Soil	3
11	Clay	14
40	Shale	54
23	Lime	77
7	Shale	84
9	Lime	93
4	Shale	97
23	Lime	120
15	Shale	135
5	Gr. Sand	140
2	Shale	142
22	Lime	164
2	Gr. Sand	166
26	Shale	194
13	LIME	207
27	Shale	234
6	Lime	240
6	Shale	246
13	Lime	259
17	Shale	276
9	Lime	285
6	Shale	291
6	LIME	297
31	Shale	328
1	Lime	329
10	Shale	339
30'	24 Lime	363
8	Shale	371
20'	23 Lime	394
3	Shale	397
4	Lime	401
5	Shale	406
6	LIME	412
30	Shale	442
3	Gr. Sand	445
140	Shale	585
4	Lime	589
5	Shale	594
1	Lime	595
9	Shale	604
6	Lime	610

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
5-11-18	0	3	Soil	(1) 21.5-21.5
21'	3	14	Clay	(2) 22.5-44.0
55' HB-5 pond	14	54	Shale	(3) 22.5-166.5
5-15-18	54	77	Lime	(4) 22.5-89.0
	77	84	Shale (late 80-81)	(5) 22.5-111.5
	84	93	Lime	(6) 22.5-134.0
	93	97	Shale	(7) 22.5-156.5
	97	120	Lime	(8) 22.5-179.0
	120	135	Shale	(9) 22.5-201.5
	135	140	Gray Sand	(10) 22.5-224.5
	140	142	Shale	(11) 22.5-246.5
	142	164	Lime	(12) 22.5-269.0
	164	166	Gray sand	(13) 22.5-291.5
	166	194	Shale (sandy 172-176)	(14) 22.5-314.0
	194	207	Lime	(15) 22.5-336.5
	207	234	Shale	(16) 22.5-359.0
	234	240	Lime	(17) 22.5-381.5
	240	246	Shale	(18) 22.5-404.0
	246	259	LIME	(19) 22.5-426.5
	259	276	Shale	(20) 22.5-449.0
	276	285	Lime	(21) 22.5-471.5
	285	291	Shale	(22) 22.5-494.0
	291	297	Lime	(23) 22.5-516.5
	297	328	Shale	(24) 22.5-539.0
	328	329	Lime	(25) 22.5-561.5
	328	339	Shale	(26) 22.5-584.0
30'	339	363	Lime	(27) 22.5-606.5

Driller - Eric Schultz
Tool Dresser - Ben Barker

HUGHES DRILLING REPORT

To _____ Co., Kansas (pg 2)
 1410 FSL 3280 FEL

Well No. 11 Size _____
 Farm Mekavshan Feet _____
 Circulated _____ sx cement

PERMANENT CSG. (used)
 Size 2 7/8 Bred EVE
 Feet 925' Float shoe on Bottom

OPERATOR Hughes Drilling

T. D. at Completion 940
 Contractor HUGHES DRILLING CO.

API # 15-91-24445
Sec 36 TWP. 14 R. 22

STRATA THICKNESS	FORMATION DRILLED	T.D.
16	Shale	626
4	Lime	630
14	Shale	644
5	Lime	649
23	Shale	672
3	Lime	675
50	Shale	725
2	Lime	727
20	Shale	747
2	Br. sand	749
25	Shale	774
2	Lime	776
12	Shale	788
1	Red Bed	789
26	Shale	815
4	Lime	819
35	Shale	858
1	Lime	859
14	Shale	873
6	oil sand	879
61	Shale	940
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
	363	371	Shale (slate 370-371)	(36) 22.5-629.0
20'	371	394	Lime	(37) 22.5-651.5
	394	397	Shale (slate 396-397)	(39) 22.5-674.0
	397	401	Lime	(40) 22.5-696.5
	401	406	Shale	(41) 22.5-719.0
"Hertan"	406	412	Lime	(42) 22.5-741.5
Bit Trip 429	412	442	Shale (Broken 416-420)	(43) 22.5-764.0
5 7/8 PDC Bit	442	445	Gray sand	(44) 22.5-786.5
	445	585	Shale (slate 566-563) (Lime Break 570-571)	
588'	585	589	Lime	(45) 22.5-809.0
5/16/18	589	594	Shale	(46) 22.5-831.5
	594	595	Lime	(47) 22.5-854.0
	595	604	Shale	(48) 22.5-876.5
	604	610	Lime	(49) 22.5-899.0
	610	626	Shale	(50) 22.5-921.5
	626	630	Lime (Brown)	
	630	644	Shale	
	644	649	Lime	
	649	672	Shale	
	672	675	Lime (Broken)	
	675	725	Shale	
	725	727	Lime	
	727	747	Shale (Lime 735-736)	
	747	749	(Sand (Brown))	
	749	774	Shale	
	774	776	Lime	
	776	788	Shale (Lime Break 781)	

B-ville

HUGHES DRILLING REPORT

10 Co., Kansas (P.G.)
 FSL FEL

11
 Well No. 11
 Farm Mckaughan
 SURFACE CASING PERMANENT CSG.
 Size _____ Size _____
 Feet _____ Feet _____
 Circulated _____ sx cement

API # _____

OPERATOR _____ T. D. at Completion _____ Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
			Mckaughan # 11 5-16-18 chip sample	
	① 873	874	} sand lamin. w/shale (bleeding)	
	② 874	875		
	③ 875	876	} solid sand (bleeding)	
	④ 876	877		
	⑤ 877	878		
	⑥ 878	879		
	⑦ 879	880		
	⑧ 880	881	} shale	
	⑨ 881	882		
			Best part zone 873-879 cat 3 per ft	

873-875 - Lamin.
 875-879 - solid



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8676

10682
 10572

TICKET NUMBER 54016
 LOCATION Ottawa
 FOREMAN Alan Maden
 INVOICE # 813166

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-16-18	5425	McKaughan 11	SW 36	14	26	Jo
CUSTOMER Hughes Drilling			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 122 Main			730 - Alameda Safety Mover			
CITY STATE ZIP CODE Wellsville KS 66092			467 - Ke: Cor			
			503 - Ke: Det			

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 940 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 725 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ok _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 46ppm
 REMARKS: Held meeting. Established rate. Mixed & pumped 100# gel followed by 5K Poz Blend I-A plus 2% gel & 1/2# flo seal per sack. Circulated cement to surface. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float.

Hughes water

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	25	MILEAGE	178.75	
CE0711	mi	ton miles	503	
		sub	2338.15	
		less 40% -	935.50	1403.65
60 CC5840	104	Poz Blend F-A	1409.00	
CC5965	275#	gel	82.00	
CC075	26	flo seal	52.00	
EP 8176	1	2 1/2 plug	45.00	
		sub	1583.50	
		less 40% -	933.40	950.10
		7.95		
		SALES TAX	75.17	
		ESTIMATED TOTAL	2929.12	

AUTHORIZATION *[Signature]* TITLE _____ DATE 4/4/18

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.