

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

J0 Co., Kansas
1815 FSL 290 FEL

Well No. 1
Farm H.F.
SURFACE CASING
Size 70
Feet 29
Circulated 10 sx cement

PERMANENT CSG.
Size
Feet
T. D. at Completion 911
Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

API # 15-091-24991
S. 36 T. 14 S. R. 21 E.

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
26	Clay	28
28	Lime	56
8	Shale	64
9	Lime	73
5	Shale	78
21	Lime	99
20	Shale	119
25	Lime	144
26	Shale	170
11	Lime	181
20	Shale	201
13	Lime	214
11	Shale	225
10	Lime	235
18	Shale	253
8	Lime	261
6	Shale	267
6	Lime	273
42	Shale	315
30'	25 Lime	340
7	Shale	347
20'	24 Lime	371
4	Shale	375
3	Lime	378
4	Shale	382
"H"	6 Lime	388
169	Shale	557
5	Lime	562
4	Shale	566
3	Lime	569
4	Shale	573
7	Lime	582
17	Shale	599
3	Lime	602
10	Shale	612
7	Lime	619
5	Shale	624
17	Red Bed	641
1	Lime	642
3	Shale	645

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
4-24-78	0	2	soil	(1) 21.5-21.5
29'	2	28	clay	(2) 22.5-49.0
5-7-78	28	56	lime	(3) 22.5-66.5
5/8	56	64	Shale (slate 59-60)	(4) 22.5-89.0
PVC - HB bit	64	73	lime	(5) 22.5-116.5
	73	78	Shale	(6) 22.5-134.0
	78	99	lime	(7) 22.5-156.5
	99	119	shale	(8) 22.5-179.0
	119	144	lime	(9) 22.5-201.5
	144	170	shale	(10) 22.5-224.0
	170	181	lime	(11) 22.5-246.5
	181	201	shale	(12) 22.5-269.0
	201	214	lime	(13) 22.5-291.5
	214	225	shale	(14) 22.5-314.0
	225	235	lime	(15) 22.5-336.5
	235	253	shale	(16) 22.5-359.0
	253	261	lime	(17) 22.5-381.5
	261	267	shale	(18) 22.5-404.0
	267	273	lime	(19) 22.5-426.5
	273	315	shale (limebreak 304-306)	(20) 22.5-449.0
30'	315	340	lime	(21) 22.5-471.5
	340	347	shale (slate 342-343)	(22) 22.5-494.0
20'	347	371	lime	(23) 22.5-516.5
	371	375	shale (slate 371-372)	(24) 22.5-539.0
	375	378	lime	(25) 22.5-561.5
	378	382	shale	(26) 22.5-584.0
"Heath"	382	388	lime	(27) 22.5-606.5

T.D. 500
K.D. 201
JTS on
pulled
trailer
JTS

HUGHES DRILLING REPORT

Jo Co., Kansas 1424

1815 FSL 290 FEL

API # 15-091-24491

SURFACE CASING PERMANENT CSG.
 Well No. 1 Size _____ Size _____
 Farm H.F. Feet _____ Feet _____
 Circulated _____ sx cement

T. D. at Completion 911
 Contractor HUGHES DRILLING CO.

OPERATOR Hughes Drilling

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	lime	647
57	shale	644
1	lime	695
10	shale	705
9	lime	706
9	shale	715
#2 squirrel 1	Br. sand	716
28	shale	744
2	lime	746
89	shale	835
10	oil sand	845
2	shale	847
6	oil sand	853
2	shale	855
22	slate	877
18	shale	895
2	lime	897
11	shale	908
3	lime	911
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
5/3/10	388	557	Shale	(28) 22.5-629.0
5/8/10	557	562	lime	(29) 22.5-651.5
	562	566	shale	(30) 22.5-674.0
	566	569	lime	(31) 22.5-696.5
	569	578	shale	(32) 22.5-719.0
	578	582	lime	(33) 22.5-741.5
	582	599	shale	(31) 22.5-764.0
	599	602	lime (brown)	(32) 22.5-786.5
	602	612	shale (slate 602-603)	(36) 22.5-809.0
	612	619	lime (broken)	(37) 22.5-831.5
	619	624	shale	(38) 22.5-854.0
	624	641	red bed	(39) 22.5-876.5
	641	642	lime	(40) 22.5-899.0
	642	645	shale	
	645	647	lime	
	647	649	shale	
	649	695	lime	
	695	705	shale	
	705	706	lime	
	706	715	shale	
#2 squirrel	715	716	brown sand (no odor)	
	716	744	shale	
	744	746	lime	
	746	835	shale (broken 750-752) (Red Bed 824-828)	
Barkesville	835	845	oil sand (Remarks pg. 4)	
	845	847	shale	
Lower Bartlesville	847	853	oil sand (remarks pg. 4)	



PRESSURE PUMPING LLC
PO Box 864, Chanute, KS 66720
620-431-9210 or 800-467-8676

3M-10734
PO-16694
FT-10628

TICKET NUMBER 54011
LOCATION Chanute, KS
FOREMAN Carey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 813226

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/19/18	3425	HF # 1	SE 36	14	21	JO
CUSTOMER Hughes Drilling			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 122 Main			729	Caskey	Safety Meeting	
CITY Wellsville			495	HarBac		
STATE KS			548	Alamad		
ZIP CODE 666092						

JOB TYPE logstring HOLE SIZE 5 5/8" HOLE DEPTH 911' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 896' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 5.19 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbls fresh water, mixed & pumped 119 sks Portland IA cement w/ 2% gel + 1/4 # Floreal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing top w/ 5.19 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0050	1	PUMP CHARGE	1500.00	
CE0002	30 mi	MILEAGE	214.50	
CE0711	min	ton mileage	1600.00	
		trucks	2374.50	
		- 35%	831.08	
		subtotal		1543.42
CC5840	119 sks	Portland IA cement	1606.50	
CC5965	300 #	Gel	90.00	
CC6075	30 #	Floreal	60.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1801.50	
		- 35%	630.53	
		subtotal		1170.97
		7.975%	SALES TAX	93.38
			ESTIMATED TOTAL	2807.77

Rev'n 5737

AUTHORIZATION Carey Kennedy TITLE _____ DATE (4/31/18)

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.