

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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American Concrete Company, Inc.

TICKET NO.
118092

www.americanconcreteco.net



504 N. SMELTER | **PITTSBURG, KANSAS 66762** | **P: 620.231.1520** | **F: 620.231.0878**

CAUTION: FRESHLY MIXED CONCRETE MAY CAUSE SKIN OR EYE IRRITATION. AVOID CONTACT, EITHER DIRECTLY OR THROUGH SATURATED CLOTHING. IF EXPOSED WASH WITH WATER IMMEDIATELY.

NOTE: This concrete is accurately weighed by computer while batch weights for each load are recorded. The water/cement ratio is designed for optimum strength and durability. We cannot assume responsibility for the concrete if excessive water is added to the mix. (Purchaser's Risk)

RETURN PLANT	
LEAVE PLANT	
TOTAL TRIP TIME	2018 JUN 7 PM 12:42

1909 J Energy, LLC Heckert Box 147 Denmines MO 64769	DELIVER TO W 126 to 530th, 2 Miles W, S Side
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DELIVERIES BEYOND CURB OR PROPERTY LINE AT PURCHASER'S RISK

DATE	ORDERED	DELIVERED	JOB	MIX	TRUCK	DRIVER	TIME LOADED
6/07/2018	1.00	1.00		678.1	1	RICK	12:40 PM

DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
35 Bags Cement 6 1/4 Gals	1.00		

MIX DESIGNS FURNISHED BY PURCHASER, PURCHASER ASSUMES RESPONSIBILITY FOR PAYMENT OF SAME.

CUSTOMER SIGNATURE

WATER ADDED AT JOB
Gals.

SUB TOTAL
SALES TAX
TOTAL

PURCHASER AGREES TO PAY HIGHEST LEGAL RATE OF INTEREST & REASONABLE ATTORNEY FEES ON PAST DUE ACCOUNT.

Truck	Driver	User	Disp	Ticket Num	Ticket ID	Time	Date
1	RICK	MDC			118092	12:41	6/7/18
Load Size	Mix Code	Returned	Qty	Mix Age	Seq	Load ID	
1.00 yd	678.1				D	39439	
Material	Design Qty	Required	Batched	% Var	% Moisture	% Abs?	Actual Wat
CEMENT	3290.0 lb	3290.0 lb	3274.0 lb	-0.49%			
WATER	218.00 gl	218.00 gl	218.00 gl	0.00%			218.00 gl
Actual	Num Batches: 1						
Load Total:	5093 lb	Design 0.553	Water/Cement 0.556	A	Manual 12:41:10		
Slump: 3.00 in		Water in Truck: 0.0 gl	Adjust Water: 0.0 gl	/ Load	Design 218.0 gl	Actual 218.0 gl	To Add: 0.0 gl
					Trim Water: 0.0 gl/ yd		

Broadway Lumber
 1304 SOUTH BROADWAY
 PITTSBURG, KS 66782
 Phone: (620) 231-5030 Fax: (620) 231-7171
 Email: office@broadwaylumber.net

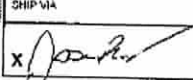
Page: 1 of 1 **INVOICE** Order/Invoice: 01-20125821-00

Sold To: **HECKERT CONSTRUCTION** Ship To: **HECKERT CONSTRUCTION**
 746 E. 520TH AVENUE 746 E. 520TH AVENUE
 PITTSBURG, KS 66782 PITTSBURG, KS 66762

Special Instructions: Order Date: 05/11/2018 09:34:16
 Invoice Date: 05/11/2018 09:34:16
 Ship Date: 05/11/2018
 Due Date: 06/10/2018

Order rep: BYRON Last updated by: BYRON
 Customer H8216 Placed by: 1 PO: MCGUNE 122 Terms: NET 5/10

SHIP	ORDER	U/M	ITEM	DESCRIPTION	RETAIL	PRICE	TAXES	EXT
	12.00	12.00	9G	PORT	13.00	13.00	9G	\$ 156.00
				05# PORTLAND CEMENT Type 1 ASH GROVE or MONARCH 30/pallet				

FILED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	156.00
SHIP VIA				Taxable	156.00
 1 - STORE COPY				Non-taxable	0.02
				Tax Number	
				Sales tax	14.04
				TOTAL	\$170.04



BALANCE \$ 170.04

Broadway Lumber
 1304 SOUTH BROADWAY
 PITTSBURG, KS 66762
 Phone: (620) 231-5030 Fax: (620) 231-7171
 Email: office@broadwaylumber.net

Page: 1 of 1 **INVOICE** Order/Invoice: 01-20125839-00

Sold To: **HECKERT CONSTRUCTION** Ship To: **HECKERT CONSTRUCTION**
 746 E. 520TH AVENUE