

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) (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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Ackarman Hardware & Lumber
 Ackarman Inc
 160 East Main St
 Sedan, KS 67361
 620-725-3103
 Fax: 620-725-5688

CUSTOMER COPY



INVOICE

1805-120130 PAGE 1 OF 1

SOLD TO
STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070

JOB ADDRESS
STAN MILLER SM OIL & GAS P. O. BOX 189 SKIATOOK OK 74070 918-396-3020

ACCOUNT	JOB
00680	0
SOLD ON	5/18/2018 9:41:57 AM
CUST PICKUP	
BRANCH	1000
CUSTOMER PO#	
STATION	A2
CASHIER	DK
SALESPERSON	CM
ORDER ENTRY	

Quantity	UM	Item	Description	D	T	Price	Per	Amount
10	EACH	MP10092	PORTLAND CEMENT 92.6#		Y	15.7500	EACH	157.50

Payment Method(s) Buyer: TOM OAST

Charge to Acct 173.25

KS 10.00%	SubTotal	157.50
	Sales Tax	15.75
	Deposit	
Please Pay This Amount		173.25

KEVIN #99
TOM OAST
 Signature TOM OAST

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **3924**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-22-18	1180	Keith # 99				Cg	Ks
Customer <u>S.M. OIL & GAS, INC.</u>		Safety Meeting KM DG JH		Unit # 105	Driver DAVE G.	Unit #	Driver
Mailing Address <u>P.O. Box 169</u>				114	JASON H.		
City <u>SKIATOOK</u>	State <u>OK</u>	Zip Code <u>74070</u>					

Job Type Longstring Hole Depth 665' Slurry Vol. 34 BBL Tubing _____
 Casing Depth 661' Hole Size 7 7/8" Slurry Wt. 14.8 Drill Pipe _____
 Casing Size & Wt. 5 1/2 Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 15.5 BBL Displacement PSI 500 Bump Plug to 1000 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 5 1/2 casing. BREAK Circulation w/ 20 BBL Fresh water. Pump 300* Gel Flush w/ HULLS, 5 BBL WATER SPACER. MIXED 125 SKS OWC Cement w/ 2* PhenoSeal /SK @ 14.0*/GAL yield 1.52 = 34 BBL Slurry. WASH out Pump & Lines. Shut down. Release Plug. Displace Plug to Seat w/ 15.5 BBL Fresh water. FINAL Pumping Pressure 500 psi. Bump Plug to 1000 PSI. WAIT 2 mins. Release Pressure, Float Held. Shut in @ 0 PSI. Good Cement Returns to SURFACE = 7 BBL Slurry to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	30	Mileage	3.95	118.50
C 202	125 SKS	OWC Cement	19.15	2393.75
C 208	250 *	PhenoSeal 2*/SK	1.25 *	312.50
C 206	300 *	Gel Flush	.20 *	60.00
C 214	40 *	HULLS	.45	18.00
C108 A	6.5 TONS	Ton Mileage	M/C	345.00
C 113	3 HRS	80 BBL VAC TRUCK C & E OIL	85.00	255.00
C 224	3300 GALS	City water	10.00 /1000	33.00
C 404	1	5 1/2 Top Rubber Plug	70.00	70.00
			Sub Total	4655.75
			Less 5%	245.06
			8.5% Sales Tax	245.42
Authorization <u>witnessed by Toby</u> Title _____			Total	4656.11

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.

Elev 1047

WELL DRILLERS RECORD BOOK

Please save samples at even
5-Foot intervals
Bit size

Driller Lowell A. Chisold

Drilling Contractor SMOIL & GAS INC

Lease Keith Well # 99

Date well started 5-18-18 completed _____

Operator SMOIL & GAS INC

Casing Furnished by _____

Show location of well in
section plat below

Casing: Amount 48' Size 8 5/8

Sec. 20 Twp. 33S Rge. 10E

Miss From _____ To _____

County Champaign

Cement Furnished by SM Sacks 10

Total Depth 849

Size of hole at bottom 4 3/4"

Sample Bags _____

1 MILE

Dozer Hours _____

MILEAGE AND DIRECTION FROM NEAREST TOWN OR HIGHWAY

Rig Time Hrs. _____

Core From _____ To _____

Core From _____ To _____

GAS TEST

8-18-18 REMARKS

8-9 Rig to Drill

9-11 Drill 48- hole

11-1 Run casing + cement

5-21-18

11-2 Drill from 48-350

2-3.5 changing pressure for head
Drill from
35-3 50-501

5-22-18

8-9

9-10 Drill from 501-665

10-10.5 Trip out + Lead
trucks

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
0	1	Topsoil	
1	8	clay	
8	14	(silty) shale	
14	16	(mixed) Limer. shale	
16	21	Limer. (mixed)	
21	22	Limer. shale	
22	26	Blk shale	
26	34	(mixed) Limer. shale	
34	38	sdly shale	
38	41	lmy sand w/sh STMS	
41	50	lmy sand	
50	60	ml shale (mixed)	
60	64	limer. shale	
64	66	Limer.	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
66	68	Blk shale	
68	85	Limer.	w/sh STMS
85	89	Blk shale	
89	91	Limer.	
91	97	ml shale	
97	111	Red shale	
111	116	limer. (mixed)	
116	120	limer. shale	
120	123	Red & gray shale	
123	134	ml shale (mixed)	
134	140	Limer. shale	
140	144	ml shale	
144	150	limer. w/sh STMS	
150	161	Limer.	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
161	169	Bk shale	
169	177	G sand shale	
177	181	shaly sand	w/ Lm STMS
181	189	shaly shale	w/ Lm STMS
189	194	shaly shale	w/ Lm STMS
194	206	Red shale	w/ Lm STMS
206	214	Sand	w/ Lm STMS
214	238	Tan clayey sand	
		Fresh slight amount water	214 - 238
238	238	limy sand	
238	248	Tan sand	
		Increase Fresh Fair amount water	238 - 248
248	254	mixed sand	w/ sh STMS
254	260	(laminated) sandy shale	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
260	305	mg shale	w/ Lm STMS
305	310	mixed lime shale	
310	348	lime	
348	351	Bk shale	
351	353	lime	
353	354	Bk shale	
354	355	lime	
355	365	mg shale	w/ Lm STMS
365	388	Red shale	
388	390	G sand	w/ sh STMS
390	401	(laminated) sand & shale	
401	411	mg shale	
411	416	mg shale	mixed
416	424	G shale	w/ Lm STMS

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
424	428	Red shale	
428	446	G sand w/sh STKS	
446	458	G sand	
Slight Increase water		446-458	salty
458	465	G sand w/sh STKS	
465	473	(no) laminated shale & sand	
473	483	G mg shale	
483	487	G sdy shale	
487	489	Red shale	
489	494	G sand w/sh STKS	
494	495	G sdy shale	
495	515	G sand	
515	518	G sand	
518	532	G mg shale w/snd STKS	
Slight Increase water		498-515	

DEPTH IN FEET		KIND OF ROCK	REMARKS
FROM	TO		
532	546	L T 700 sand	
Increase water		532-546	
546	552	G sdy shale	
552	559	G mg shale w/snd STKS	
559	566	G sand w/sh STKS	
566	572	G sdy shale	
572	647	G mg shale	
647	651	G shale & Lime	
651	654	Lime	
654		G mg shale w/Lm STKS	
	TD	665'	

- 5 1/2" casing set @ 661' cemented with 125 sacks
- Open Hole Drilled/completed From 661-849'

TD 849'