

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 35346	API # 15-205-28426-00-00
Operator: Bryan Marshall	Lease: Reuben Kebert
Address: PO Box 389, Eureka Ks, 67045	Well # 5
Phone: 620-750-0058	Spud Date: 2/18/2018 Completed 2/20
Contractor License: 33900	Location: Sec: 3 TWP: 30 R: 15E
T.D. 1132 Bite Size: 6"	495' from South Line
Surface Pipe Size: 7" Surface Depth: 20'	4700' from East Line
Kind of Well: Oil	County: Wilson

10 SYS

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	6	Lime	745	764
Clay	6	23	Shale	764	775
Gravel	23	32	Lime	775	777
Shale	32	67	Shale	777	790
Lime	67	83	Lime	790	793
Shale	83	98	Shale	793	808
Lime	98	153	Lime	808	811
Shale	153	165	Shale	811	830
Lime	165	177	Lime	830	834
Shale	177	238	Shale	834	856
Lime	238	250	Lime	856	858
Shale	250	254	Black shale	858	864
Lime	254	395	Lime	864	872
Shale	395	451	Shale	872	1016
Lime	451	454	Sandy shale	1016	1020
Shale	454	500	Broken sand	1020	1023
Lime	500	508	Oil sand	1023	1046
Shale	508	534	Black shale	1046	1051
Lime	534	549	Shale	1051	1132
Shale	549	553	TD 1132		
Lime	553	560			
Shale	560	594			
Soft lime	594	672			
Hard lime	672	676			
Shale	676	682			
Lime	682	698			
Shale	698	738			
Lime	738	742			
Shale	742	745			

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



Cement or Acid Field Report

Ticket No. **3743**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-205-2845-00-00

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
2-19-18	1163	Reuben Keibert #5	3.	305	15E	WILSON	Ks
Customer		Safety Meeting KM AM JH	Unit #	Driver	Unit #	Driver	
Mailing Address			104	ALAN M.			
City				JASON H.			
State							
Zip Code							
EUREKA							
Ks							
67045							

Job Type Longstring Hole Depth 1128' Slurry Vol. 39 BBL Tubing 2 7/8 Euc
 Casing Depth 1119' Hole Size 6" Slurry Wt. 14 # Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing _____ Water Gal/SK _____ Other _____
 Displacement 6.75 BBL Displacement PSI _____ Bump Plug to _____ BPM _____

Remarks: Safety Meeting: Rig up to 2 7/8 Tubing. BREAK Circulation w/ Fresh water. Pump 300# Gel Flush w/ HULLS, 10 BBL water SPACER. MIXED 165 SKS 60/40 Pozmix Cement w/ 4% Gel, 2% Cacl2, 1* Phenaseal/sk @ 14#/gal, yield 1.33 = 39 BBL Slurry. Shut down. WASH OUT Pump & Lines. STUFF 2 Plugs. Displace w/ 6.75 BBL Fresh water. FINAL Pumping Pressure PSI. Bump Plug to PSI. Release Pressure. FLOAT

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1050.00	1050.00
C 107	0	Mileage 2 ND WELL OF 2	0	N/C
C 203	165 SKS	60/40 Pozmix Cement	12.75	2103.75
C 205	285 #	Cacl2 2%	.60 #	171.00
C 206	570 #	Gel 4%	.20 #	114.00
C 208	165 #	Phenaseal 1#/sk	1.25 #	206.25
C 206	300 #	Gel Flush	.20 #	60.00
C 214	40 #	HULLS	.45 #	18.00
C 108B	7.10 TONS	Ton Mileage 40 miles	1.35	383.40
C 401	2	2 7/8 Top Rubber Plugs	28.00	56.00
			Sub Total	4162.40
			Less 5%	216.99
			Sales Tax	177.39
			6.5%	
			Total	4122.80

Authorization Witnessed By Bryan Marshall Title _____

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.