

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](mailto: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 30<sup>th</sup> 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: Lloyd Kebert	
Address: PO Box 389, Eureka Ks, 67045		Well # 11	
Phone: 620-750-0058		Spud Date: 3/14/2018	Completed 3/16
Contractor License: 33900		Location: Sec: 10	TWP: 30 R: 15E
T.D. 1117	Bite Size: 6"	165' from North Line	
Surface Pipe Size: 7"	Surface Depth: 40'	3147' from East Line	
Kind of Well: Oil		County: Wilson	

15 SXS

## Drilling Log

Strata	From	To	Strata	From	To
Soil	0	6	Lime	833	835
Clay	6	24	Blk Shale	835	839
Clay & Gravel	24	40	Shale	839	939
Shale	40	70	Black Shale	939	944
Lime	70	82	Shale	944	1012
Shale	82	103	Broken Sand	1012	1015
Lime	103	154	Oil Sand	1015	1041
Shale	154	166	Broken Sand	1041	1045
Lime	166	177	Blk Shale & Sand	1045	1050
Shale	177	215	Shale	1050	1112
Lime	215	318	Top Miss Lime 1112	1112	1117
Blk Shale	318	329	Oil Show in the Lime		
Lime	329	369	TD 1117		
Shale	369	430	Casing TD 1086		
Lime	430	436			
Blk Shale	436	441			
Shale	441	479			
Lime	479	530			
Shale	530	649			
Lime	649	651			
Shale	651	660			
Lime	660	676			
Shale	676	718			
Lime	718	739			
Shale	739	749			
Lime	749	759			
Shale	759	765			
Lime	765	771			
Shale	771	833			

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



**Cement or Acid Field Report**  
 Ticket No. 3772  
 Foreman Kevin McCoy  
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-16-18	1163	<del>Lloyd</del> <u>Keibert #11</u>				Wilson	Ks
Customer <u>MARSHALL OIL LLC</u>			Safety Meeting KM DG SM	Unit #	Driver	Unit #	Driver
Mailing Address <u>P.O. Box 389</u>				105	DAVE G.		
City <u>EUREKA</u>				110	Steve M.		
State <u>Ks</u>							
Zip Code <u>67045</u>							

Job Type Longstring Hole Depth 1117' Slurry Vol. 39 BBL Tubing 2 7/8 Eye  
 Casing Depth 1097' Hole Size \_\_\_\_\_ Slurry Wt. 14.1 # Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. \_\_\_\_\_ Cement Left in Casing 0 Water Gall/SK \_\_\_\_\_ Other \_\_\_\_\_  
 Displacement 6.75 BBL Displacement PSI 500 Bump Plug to 700 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ Fresh water. Pump 300 # Gel Flush w/ Halls 10 BBL water spacer. Mixed 165 sks 60/40 Pozmix Cement w/ 4% Gel 2% CaCl2 1# PhenoSeal /sk @ 14.1 #/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 500 PSI. Bump Plugs to 700 PSI. Release Pressure. Float Held. Shut in @ 0 PSI. Good Cement Returns to Surface = 5 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	40	Mileage	3.95	158.00
C 203	165 sks	60/40 Pozmix Cement	12.75	2103.75
C 206	570 #	Gel 4%	.20	114.00
C 205	285 #	CaCl2 2%	.60*	171.00
C 208	165 #	PhenoSeal 1#/sk	1.25*	206.25
C 206	300 #	Gel Flush	.20*	60.00
C 214	40 #	Halls	.45*	18.00
C 108 B	7.10 tons	Ton Mileage 40 miles	1.35	383.40
C 401	2	2 7/8 Top Rubber Plugs	28.00	56.00
			<u>Sub Total</u>	<u>4320.40</u>
			<u>Less 5%</u>	<u>224.89</u>
			<u>Sales Tax</u>	<u>177.37</u>
				<u>4272.90</u>

Authorization Called 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.