

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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Miami County, KS
 Well: Schmitt I-48
 Lease Owner: R.T. Enterprises

Town Oilfield Service, Inc.
 (913) 294-2125

Commenced Spudding:
 6/7/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-27	Soil-Clay	27
16	Lime	43
3	Shale	46
22	Sand	68
13	Shale	81
5	Lime	86
33	Shale	119
15	Lime	134
11	Shale	145
26	Lime	171
10	Shale	181
17	Lime	198
5	Shale	203
3	Lime	206
2	Shale	208
9	Lime	217
24	Shale	241
14	Sand	255
74	Shale	329
8	Sand	337
28	Shale	365
6	Sandy Lime	371
7	Sand	378
27	Shale	405
8	Lime	413
7	Shale	420
7	Lime	427
12	Shale	439
7	Lime	446
15	Shale	461
3	Lime	464
14	Shale	478
5	Lime	483
18	Shale	501
2	Lime	503
117	Shale	620
4	Sandy Shale	624
11	Sand	635
7	Sandy Shale	642
78	Shale	720-TD

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14 \times h$

D equals diameter in feet.

h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. I-48

Farm Schmitt

KS Miami
(State) (County)

11 17 22
(Section) (Township) (Range)

For R.T. Enterprises
(Well Owner)

Town Oilfield Services, Inc.

1207 N. 1st East

Louisburg, KS 66053

913-710-5400

Thickness of Strata	Formation	Total Depth	Remarks
0-27	soil-clay	27	
16	Lime	43	
3	Shale	46	
22	sand	68	grey - no oil
13	shale	81	
5	Lime	86	
33	shale	119	
15	Lime	134	
11	shale	145	
26	Lime	171	
10	shale	181	
17	Lime	198	
5	shale	203	
3	Lime	206	
2	shale	208	
9	Lime	217	Heithq
24	shale	241	
14	sand	255	water
74	shale	329	
8	sand	337	broken - slight show
28	shale	365	
6	sandy lime	371	odor - no show
7	sand	378	broken - slight show
27	shale	405	
8	Lime	413	
7	shale	420	
7	Lime	427	



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-9676

PO-17103
 FT-10845

TICKET NUMBER 54043
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE <u>6/28/18</u>	CUSTOMER # <u>5954</u>	WELL NAME & NUMBER <u>Schnitt # I-48</u>	SECTION <u>SE 11</u>	TOWNSHIP <u>17</u>	RANGE <u>22</u>	COUNTY <u>MI</u>
CUSTOMER <u>L+L Energy c/o Ojewroc Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>120 Shoreline Dr</u>			<u>729</u>	<u>Casker</u>	<u>✓</u>	<u>Safety Meeting</u>
CITY <u>Louisburg</u>	STATE <u>KS</u>	ZIP CODE <u>66053</u>	<u>467</u>	<u>KeiCar</u>	<u>✓</u>	
			<u>503</u>	<u>AlaMad</u>	<u>✓</u>	
			<u>675</u>	<u>KeiDet</u>	<u>✓</u>	

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 720' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 707' DRILL PIPE _____ TUBING baffle - 676' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING 31'
 DISPLACEMENT 3.91 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 95 sts Pozblend 1A cement w/ 2% gel per st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.91 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MTT, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	25 mi	MILEAGE	178.75	
CE0711	1/2 min	van mileage	330.00	
WE0853	1.5 hrs	80 Ucc	150.00	
		trucks	2158.75	
		-35%	755.56	
		subtotal		1403.19
CC5840	95 sts	Pozblend 1A cement	1282.50	
CC5965	360 #	Gel	108.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1435.50	
		-35%	502.43	
		subtotal		933.07
		8%		74.684
		SALES TAX		74.684
		ESTIMATED TOTAL		2410.91

SCANNED

Revin 3737 AUTHORIZATION No Co Rep TITLE _____ DATE 6/28/18
 SALES TAX 74.684
 ESTIMATED TOTAL 2410.91
 TOTAL 3709.09

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.