

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 _____

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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PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

TICKET NUMBER 55381
 LOCATION EL Dorado, KS
 FOREMAN Fuzz4

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-12-18		Sabin B-16	13	23	4	Reno
CUSTOMER Howell Oil Co.			TRUCK #			
MAILING ADDRESS 2400 Riverburch Rd			446	DRIVER Jeremy		TRUCK #
CITY Hutchinson			713	DRIVER Jud		
STATE KS			725	DRIVER Fuzz4		
ZIP CODE 67502						

JOB TYPE Surface / con HOLE SIZE 17" 2 HOLE DEPTH 319' CASING SIZE & WEIGHT 13 3/8 - 42#
 CASING DEPTH 217' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14# SLURRY VOL 69.9 WATER gal/sk 7.9 CEMENT LEFT in CASING 25'
 DISPLACEMENT 48.6 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Foss. Drg. Rig up and establish circulation
Pump 10 BAL Dye water. Mix 2500sk Class 'A' 390cc, 290cc
w/ 1/2# phenoxal pr/sk. Displaced 46 1/4 BAL and shot in.
Cement did not circulate. Run 60' 1" Hydral and cement
8.5' to surface w/ 150 sks Class 'A' 390cc 290cc

Thanks Fuzz4 & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	1500 ⁰⁰
CE0002	50 miles	MILEAGE	7 ¹⁵	357 ⁵⁹
CE0710	11.8	Ton Mileage Delivery	12 ⁵	1027 ²²
CE0711	1 minimum	Ton Mileage Delivery (2nd truck)	660 ⁰⁰	660 ⁰⁰
CE5871	400 sks	Surface Blend II (390cc, 290cc)	23 ⁰⁰	9200 ⁰⁰
CE6079	125#	Phenoxal	1 ³⁵	168 ⁷⁵
		subtotal		12913 ⁵⁰
		discount	4090	5165 ⁴⁰
		subtotal		7748 ¹⁰
		SALES TAX		
		ESTIMATED TOTAL		

RAVIN 3737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

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.



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

TICKET NUMBER 55338

LOCATION Eldorado KS

FOREMAN Austin

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-18-18		Jabin B #16	13	23	4	Reyno
CUSTOMER <u>Howell Oil Company Inc</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>2400 Riverburch RD</u>			<u>866</u>	<u>Austin</u>		
CITY <u>Hitchinson</u>			<u>446</u>	<u>Seimly</u>		
STATE <u>KS</u>			<u>713</u>	<u>Sudtz</u>		
ZIP CODE <u>67502</u>						

JOB TYPE L/S HOLE SIZE 7 7/8 HOLE DEPTH 3894 CASING SIZE & WEIGHT 5 1/2 = 15.5
 CASING DEPTH 3831 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 73 WATER gal/sk 7.00 CEMENT LEFT in CASING _____
 DISPLACEMENT 90 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting hooked up with plug container dropped brass ball then
pumped 5 bbl water set packer shoe @ 1800 psi then pumped 10 bbl of mud flush
then 5 bbl water then put 20 SKS Cement in Rat Hole + 20 SKS Cement in mouse
Hole then pumped 200 SKS in 5 1/2 casing shut down washed pumped & lines
then displaced 90 bbl water banded plug @ 1600 psi plug held
flant equipment was run @ turbolizers = 1, 3, 5, 7, 9, 14, 19, 24 Joint
baskets = 10, 20 Joint

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0152	1	PUMP CHARGE	2300.00	2300.00
CE0002	50	MILEAGE	7.15	357.50
CE0710	55.0	tan mileage	1.75	1027.25
CE0862	250	Hixobland III	26.00	6500.00
CE0079	125	Phosocent	1.35	168.75
CE0077	1250	Kolcent	.50	625.00
CE6125	500 Gals	mud flush	.65	325.00
CP8251	1	5 1/2 Latchdown plug	400.00	400.00
CP8576	8	5 1/2 turbolizers	110.00	880.00
CP8651	2	5 1/2 baskets	360.00	720.00
CP8727	1	5 1/2 Packers Shoe	2355.00	2355.00
CP8850	1	4 mud lock	45.00	45.00
		Subtotal	=	157103.50
		Discount	410%	6271.46
		total		
		SALES TAX		=
		ESTIMATED TOTAL		9422.10

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

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