

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)</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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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. 2-1

Farm Zammullen

KS

(State)

Crawford

(County)

35

(Section)

28

(Township)

21

(Range)

For Town Oil Co.

(Well Owner)

Town Oil Company, Inc.

16205 W. 287th St.

Paola, KS 660 1

913-294-

Zummler Farm: Crawford County

KS State; Well No. 2-1

Elevation _____

Commenced Spuding 6-26 20 18

Finished Drilling 7-6 20 18

Driller's Name Winton Town

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Derrick Holstein

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name Town Oil Co.

36 ~~33~~ 28 21

(Section) (Township) (Range)

Distance from _____ line, _____ ft.

Distance from _____ line, _____ ft.

CASING AND TUBING RECORD

10" Set _____ 10" Pulled _____
 8" Set 20' 55' Pulled _____
 6 1/2" Set _____ 6 1/2" Pulled _____
 4" Set 410' Pulled _____
 2" Set _____ 2" Pulled _____

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.
28	9	28	9		
29	8	32	7		
32	6	29	4		
31	6	33	5		
30	9	33	7		
30	1	32	3		
31	—	33	3		
31	6	31	1		
32	6	26	7		
31	1	30	7		
32	5	28	8		
31	8	28	2		
29	6	30	6		
31	4	30	7		
29	8	430	6		
29	7	- 20	06		
29	8	410	—		
31	2				
29	9				
30	3				
32	6				
30	5				
619	1				
60	0				
625	1				

Thickness of Strata	Formation	Total Depth	Remarks
18	soft clay	18	
1	lime	19	
20	shale	219	
1	lime sandy	22	122
24	shale	46	
6	sandy lime	52	128
52	shale	104	
2	shale	106	
2	shale	108	
28	lime	136	Brown very hard 120-136
3	shale	139	
24	shale	163	
8	sandy lime	171	
48	shale	219	
7	lime	226	
8	shale	234	
7	lime	241	
100	shale	341	
5	lime	346	
54	shale	400	
1	lime sandy	401	
6	shale	407	
20	clay	427	
20	shale	447	
		450	TUD



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8676

311-11090
 PO-17333
 FT-10977

TICKET NUMBER 54051
 LOCATION Ottawa, KS
 FOREMAN Casey Kennedy

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
7/6/18	7823	Zumwalt # 2-1	NW 36	28	21	CR			
CUSTOMER <u>Town Oil Co.</u>									
MAILING ADDRESS <u>16205 W. 287. St.</u>									
CITY <u>Paola</u>		STATE <u>KS</u>	ZIP CODE <u>66071</u>						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		<u>729</u>		<u>Casey</u>		<u>✓</u>		<u>Safety Meeting</u>	
		<u>467</u>		<u>Kei Car</u>		<u>✓</u>			
		<u>503</u>		<u>Har Bec</u>		<u>✓</u>			

JOB TYPE long string HOLE SIZE 6 3/4" HOLE DEPTH 442' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 410' DRILL PIPE _____ TUBING Sand - 4 1/2' - 442' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 5'
 DISPLACEMENT 6.46 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100# Gel followed by 5 bbls fresh water, mixed + pumped 67 sks Pozblend 1A cement w/ 2% gel per sk, cement to surface, displaced cement w/ 6.46 bbls fresh water, shut in casing.

Customer supplied H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	<u>1</u>	PUMP CHARGE	<u>1500.00</u>	
CE0002	<u>_____</u>	MILEAGE	<u>_____</u>	
CE0711	<u>1/2 min</u>	<u>ten mileage</u>	<u>330.00</u>	
		<u>trucks</u>	<u>1830.00</u>	
		<u>- 30%</u>	<u>549.00</u>	
		<u>Subtotal</u>		<u>1281.00</u>
CC5840	<u>67 sks</u>	<u>Pozblend 1A cement</u>	<u>904.50</u>	
CC5965	<u>213 #</u>	<u>Gel</u>	<u>63.90</u>	
		<u>materials</u>	<u>968.40</u>	
		<u>- 30%</u>	<u>290.52</u>	
		<u>Subtotal</u>		<u>677.88</u>
SCANNED				
<u>7-9 AM</u>				
		<u>7.5%</u>	SALES TAX	<u>50.84</u>
			ESTIMATED TOTAL	<u>2009.72</u>

AUTHORIZATION Scott Riekland TITLE Driller DATE 7-16-18

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's