

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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Form	ACO1 - Well Completion
Operator	River Rock Operating, LLC
Well Name	NELSON JANICE 32-2M
Doc ID	1415515

All Electric Logs Run

Compensated Density
Neutron
Induction
Cement Bond Log

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



Cement or Acid Field Report
 Ticket No. **3961**
 Foreman Russell McCreary
 Camp _____

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
6-19-18	1261	Nelson Janice 30-2N				Wilson	KS	
Customer <u>River Rock Operating</u>			Safety Meeting		Unit #	Driver	Unit #	Driver
Mailing Address <u>211 North Robinson STE 200</u>					<u>104</u>	<u>Alan M</u>		
City <u>OKLAHOMA CITY</u>			State <u>OK</u>		<u>115</u>	<u>Kevin</u>		
Zip Code <u>73102</u>					<u>114</u>	<u>Jason</u>		
					<u>141</u>	<u>Dave</u>		
					<u>145</u>	<u>Zevi</u>		

Job Type Longstring Hole Depth _____ Slurry Vol. 31 LEAD Tubing _____
 Casing Depth 1234 Hole Size 7 7/8 Slurry Wt. 12.8 14 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 17 # Cement Left in Casing 20 Water Gal/SK _____ Other _____
 Displacement 28 1/2 Displacement PSI 500 # Bump Plug to 1,000 BPM 4

Remarks: Safety Meeting, Rig to 5 1/2 casing, BIPAC Circulation w/ 13 Bbl water mix + Pump 400 # Gel w/ Hull's Follow w/ 5 Bbl SPACER. Mix 100 SK's 60/40 Light w/ 6 # Gel 2 # Phenoseal @ 12.8 = 31 Bbl Slurry TAIL w/ 90 SK's Thickset cement w/ 2 # Phenoseal = 15 Bbl Slurry w yield 1.68 WASH OUT Pump + Line's Release 5 1/2 Latch Down Plug. Displace w/ 28 1/2 Bbl Fresh water final Pump PSI 500 # seat Latch Down @ 1,000 # check flow back no flow back. Close 5 1/2 IN O PSI. 6 Bbl cement Slurry to surface. Annulus stayed full of cement.
Job complete Thank you
Russ + Kevin

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C-102	1	Pump Charge	1050.00	1050.00
C-107	45	Mileage	3.95	177.75
C-203	100	SK's 60/40 Puzmix	12.75	1275.00
C-206	500 #	Gel = 6 #	.20	100.00
C-208	200 #	Phenoseal = 2 # Per/SK	1.25	250.00
C-201	50	SK's Thickset cement	19.50	975.00
C-208	100 #	Phenoseal = 2 # Per/SK	1.25	125.00
C-206	400 #	Gel (Gel Flush Ahead)	.20	80.00
	40 #	Hull's	.45	18.00
	8.25	Tow Tow Mileage	mic x 2	690.00
	1	5 1/2 TOP Rubber Plug (Latch Down by customer)	70.00	70.00
	7	hr 80 Bbl Vac Trucks 3 1/2 hr EACH	85	595.00
	6,000	gallon City water	10 #/1000	60.00
				5,375.75
			- 5%	279.15
			Sales Tax	187.40

Authorization [Signature] Title _____ Total 5304.00

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.

Date Started	6/15/2018
Date Completed	6/18/2018

Operator	A.P.I.#	County	State
River Rock Operating, LLC	15-205-28433-00-00	Wilson	Kansas

Well No.	Lease	Section	Township	Range
32-2M	Nelson Janice	32	28	15

Type of Well	Driller	Cement	Surface	TD	Size of Hole
Gas	Billy Thornton	4	25' 5" 8 5/8	1253	8

0-4	DIRT	628-648	SHALE	984-989	SAND
4-14	LIME	648-698	SAND	989-1005	SANDY SHALE
14-107	SHALE	698-715	SANDY SHALE	1005-1018	BROWN SAND
107-124	LIME	715-717	LIME	1018-1024	SANDY SHALE
124-206	SHALE	717-718	COAL (MULBERRY)	1024-1075	BROWN SAND/LOTS OF H2O
206-219	LIME	718-720	SHALE	1065	PICKED UP MORE H2O
219-240	SHALE	720-742	LIME (PAWNEE)	1075-1091	BLK SAND/KEROSENE ODOR
240-248	LIME	742-745	BLACK SHALE	1091-1115	SHALE
248-250	SHALE	745-750	LIME	1115-1130	MISS CHAT (MISS)
250-251	LIME	750-767	BLACK SHALE	1130-1160	GRAY LIME
251-260	SHALE	767-771	SHALE	1160-1205	CHERT
260-276	SAND	771-793	LIME (OSWEGO)	1205-1253	GRAY LIME
276-285	LIME	793-799	BLK SHALE (SUMMIT)	1253	TD
285-312	SHALE	799-808	LIME		
312-369	LIME	808-812	BLK SHALE (MULKY)		
369-373	LMY SHALE	812-813	COAL		
373-417	LIGHT GRAY LIME	813-815	LMY SHALE		
417-450	SAND	815-820	LIME	820	30# 1/8 Orifice
450-467	LIME	820-862	SHALE	928	18# 3/8 Orifice
467-475	SHALE	862-863	COAL		
475-509	LIME	863-875	SHALE		
509-520	BLACK SHALE	875-877	LIME		
520-537	BLACK LIME	877-880	BLACK SHALE		
537-580	SHALE	880-919	SHALE		
580-585	LIME	919-920	COAL (FLEMING)		
585-600	LMY SHALE	920-960	SHALE		
600-607	LIME	960-964	BLACK SHALE		
607-610	SHALE	964-970	SANDY SHALE		
610-615	LMY SHALE	970-975	SHALE		
615-628	SAND	975-984	SANDY SHALE		