

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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DRILL LOG

Operator License# 32428

API # 15-121-31490-00-00

Operator Crawford Oil LLC

Lease Feebeck

Address 30842 Indianapolis Rd., Paola, KS

Well # C-3

Contractor JTC Oil, Inc.

Spud Date 7/10/18 Cement 7/12/18

Contractor License 32834

Location _____ of _____

T.D. 420 T.D. of Pipe 410

_____ feet from _____

Surf. Pipe Size 6.5" Depth ft. 20 ft.

_____ feet from _____

Kind of Well Production *CSX*

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	5	coal	183	188
6	clay	2	8	13	lime	188	201
24	lime	8	32	141	shale	201	342
23	shale	32	55	3	oil sand	342	345 good
6	lime	55	61	3	oil sand	345	348 good
41	lime	61	102	3	oil sand	348	351 v good
14	lime	102	116	3	oil sand	351	354 v good
10	shale	116	126	2	oil sand	354	356 good
27	lime	126	153	4	lime	358	362
7	coal	153	160	8	shale	362	370
23	LIME	160	183	16	lime	370	386

34 shale 386 420



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

SM-11128
 PO-17376
 FT-11015

TICKET NUMBER 54055
 LOCATION Ottawa, KS
 FOREMAN Cosey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/12/18	2571	Feebeck # C-3	SW 29	17	22	Mt
CUSTOMER Crawford, Keith			TRUCK #			
MAILING ADDRESS 30842 Indianapolis Rd			DRIVER		TRUCK #	
CITY Paola			DRIVER		TRUCK #	
STATE KS			DRIVER		TRUCK #	
ZIP CODE 66071			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	
			DRIVER		TRUCK #	

JOB TYPE longstring HOLE SIZE 5 7/8" HOLE DEPTH 420' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 410' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2.37 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 45 stks Thixoblend 1 cement w/ 1/4# Floseal per stk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 2.37 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	20 mi	MILEAGE	143.00	
CE0711	1/2 min	ton mileage	330.00	
WE0853	1 hr	80 Ubc	100.00	
		trucks	2073.00	
		-40%	829.20	
		Subtotal		1243.80
CC5860	45 stks	Thixoblend 1 cement	1125.00	
CC5965	100 #	Gel	30.00	
CC6075	11 #	Floseal	22.00	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1222.00	
		-40%	488.80	
		Subtotal		733.20
		8%		
		SALES TAX		58.66
		ESTIMATED TOTAL		2035.66
		DATE		(3392.76)

SCANNED
 7/12 AM

RAVIN 3737 AUTHORIZATION TITLE _____ DATE _____

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