

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 <table style="width:100%; border: none;"> <tr> <td style="width:70%; border: none;">Name</td> <td style="width:15%; border: none;">Top</td> <td style="width:15%; border: none;">Datum</td> </tr> </table>	Name	Top	Datum
Name	Top	Datum		

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	Pioneer Oil Company, Inc.
Well Name	FICKEN 1-27
Doc ID	1415995

All Electric Logs Run

Dual induction
Dual Compensated Porosity
Micro-Resistivity
Sonic Log



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pioneer Oil Co Inc
 400 Main St Box 237
 Vincennes IN 47501-0237
 ATTN: Wyatt Urban

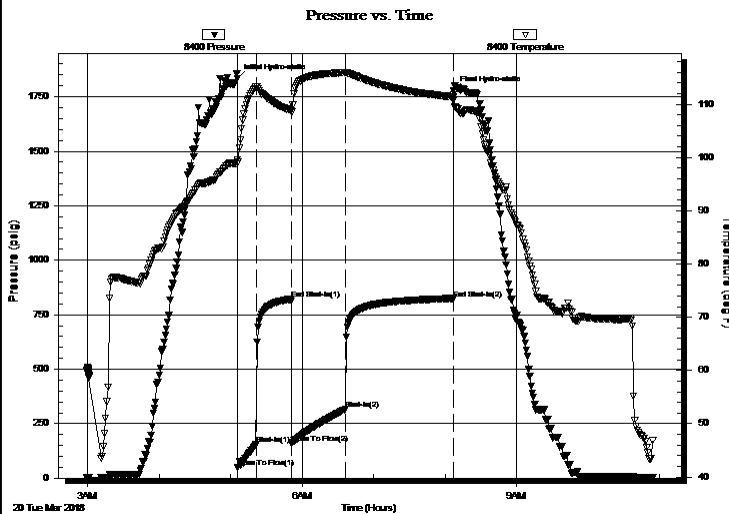
27 6s 26w Sherdian KS
Ficken 1-27
 Job Ticket: 64516 **DST#: 1**
 Test Start: 2018.03.20 @ 02:59:00

GENERAL INFORMATION:

Formation: **LKC " C "**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 05:06:01
 Time Test Ended: 10:55:00
 Interval: **3788.00 ft (KB) To 3810.00 ft (KB) (TVD)**
 Total Depth: 3810.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jim Svaty
 Unit No: 76
 Reference Elevations: 2646.00 ft (KB)
 2638.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8400 Inside
 Press@RunDepth: 316.75 psig @ 3789.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2018.03.20 End Date: 2018.03.20 Last Calib.: 2018.03.20
 Start Time: 02:59:01 End Time: 10:54:31 Time On Btm: 2018.03.20 @ 05:05:46
 Time Off Btm: 2018.03.20 @ 08:06:46

TEST COMMENT: 15-IFP- BOB in 6min.
 30-ISIP- Surface Blow in 2 1/2min.
 45-FFP- BOB in 8min.
 90-FSIP-Weak Surface Blow in 4min. Died in 26min.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1834.30	99.59	Initial Hydro-static
1	48.60	99.09	Open To Flow (1)
16	154.13	113.26	Shut-In(1)
45	821.14	108.78	End Shut-In(1)
46	158.98	108.54	Open To Flow (2)
91	316.75	115.93	Shut-In(2)
181	824.25	111.39	End Shut-In(2)
181	1777.70	111.77	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
630.00	MCW 10% m 90% w W/ Oil Spots	6.76
0.00	60 GIP	0.00

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8400

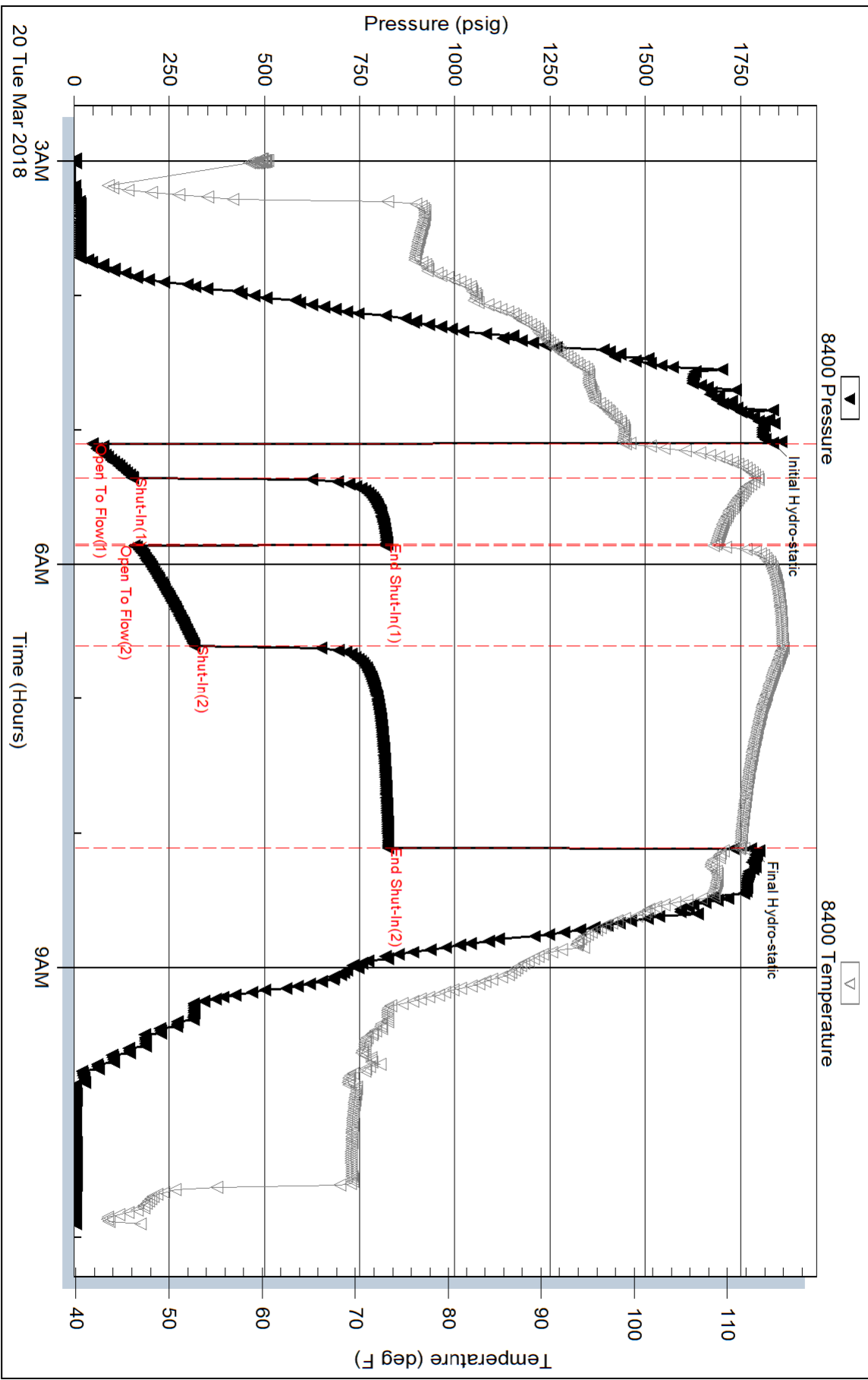
Inside

Pioneer Oil Co Inc

Ficken 1-27

DST Test Number: 1

Pressure vs. Time



Triobite Testing, Inc

Ref. No: 64516

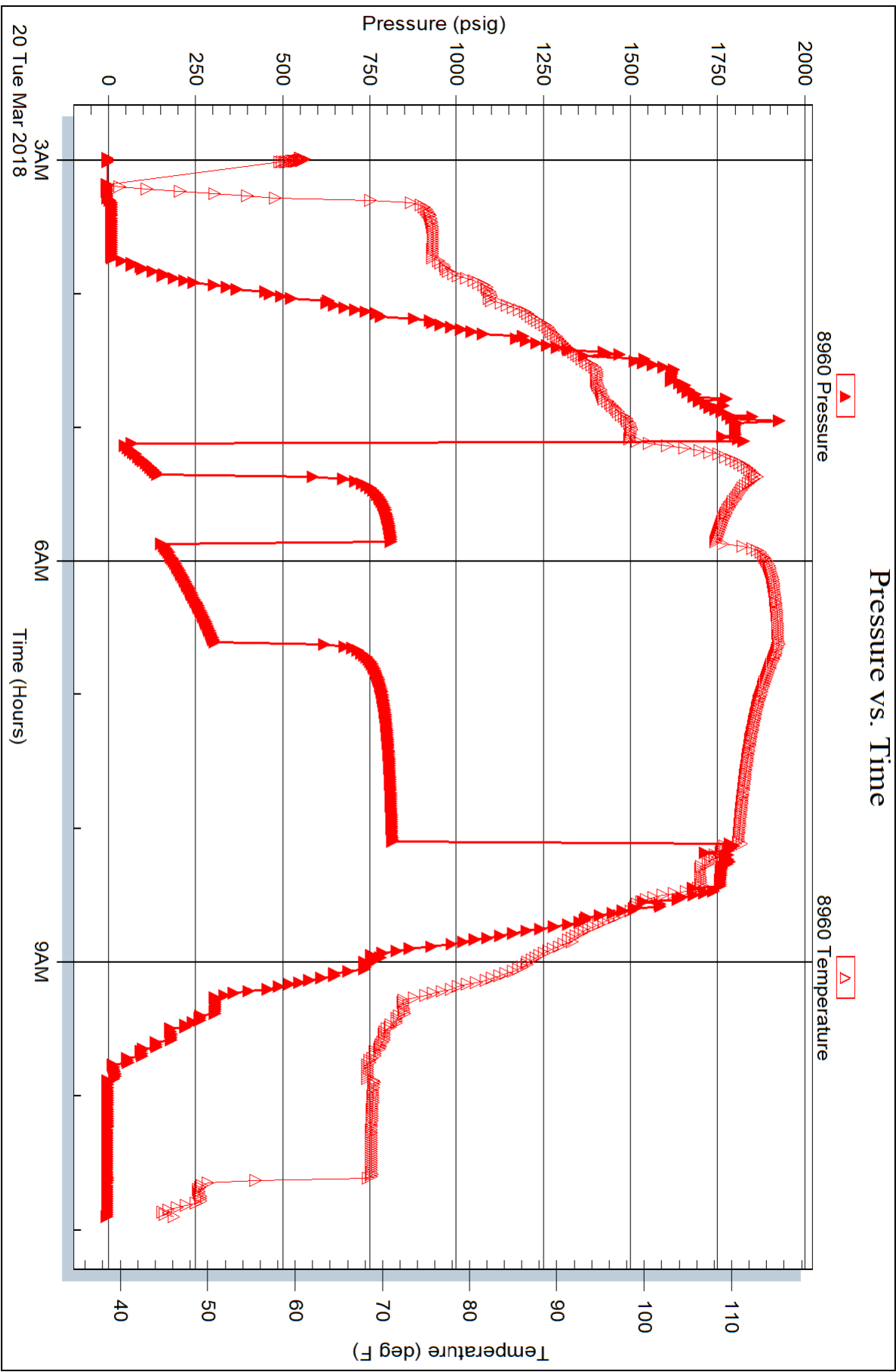
Printed: 2018.03.20 @ 11:17:13

Serial #: 8960

Outside Pioneer Oil Co Inc

Ficken 1-27

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Pioneer Oil Co Inc
 400 Main St Box 237
 Vincennes IN 47501-0237
 ATTN: Wyatt Urban

27 6s 26w Sherdian KS
Ficken 1-27
 Job Ticket: 64517 **DST#: 2**
 Test Start: 2018.03.20 @ 17:22:00

GENERAL INFORMATION:

Formation: **LKC " D "**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 20:08:16
 Time Test Ended: 01:28:00
 Interval: **3809.00 ft (KB) To 3823.00 ft (KB) (TVD)**
 Total Depth: 3823.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jim Svaty
 Unit No: 76
 Reference Elevations: 2646.00 ft (KB)
 2638.00 ft (CF)
 KB to GR/CF: 8.00 ft

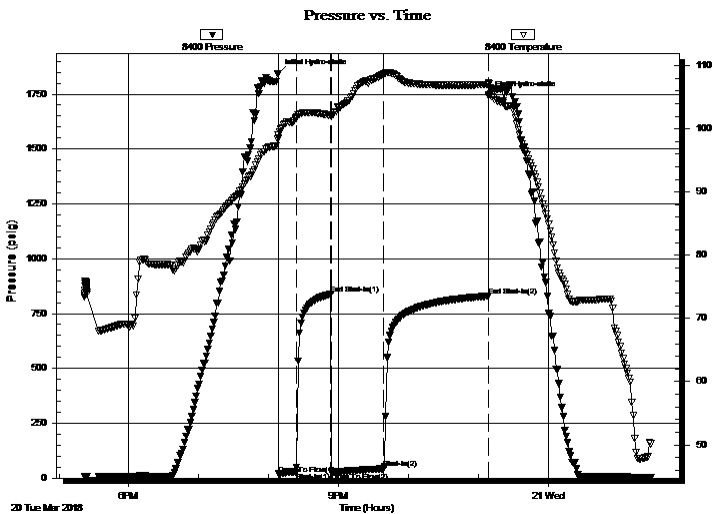
Serial #: 8400

Inside

Press@RunDepth: 43.33 psig @ 3810.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2018.03.20 End Date: 2018.03.21 Last Calib.: 2018.03.21
 Start Time: 17:22:01 End Time: 01:27:46 Time On Btm: 2018.03.20 @ 20:08:01
 Time Off Btm: 2018.03.20 @ 23:08:46

TEST COMMENT: 15- IFP- Surface Blow Building to 1 1/4in.
 30-ISIP- No Blow
 45-FFP- Surface Blow Building to 1 3/4in.
 90-FSIP- No Blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1844.86	98.96	Initial Hydro-static
1	18.84	98.62	Open To Flow (1)
16	26.22	101.70	Shut-In(1)
46	837.99	102.07	End Shut-In(1)
46	27.40	101.91	Open To Flow (2)
91	43.33	108.64	Shut-In(2)
181	829.93	107.01	End Shut-In(2)
181	1742.92	107.36	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
30.00	MCW 30% m 70% w Oil Spots	0.22

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Oil Co Inc
400 Main St Box 237
Vincennes IN 47501-0237
ATTN: Wyatt Urban

27 6s 26w Sherdian KS
Ficken 1-27
Job Ticket: 64517 **DST#: 2**
Test Start: 2018.03.20 @ 17:22:00

Mud and Cushion Information

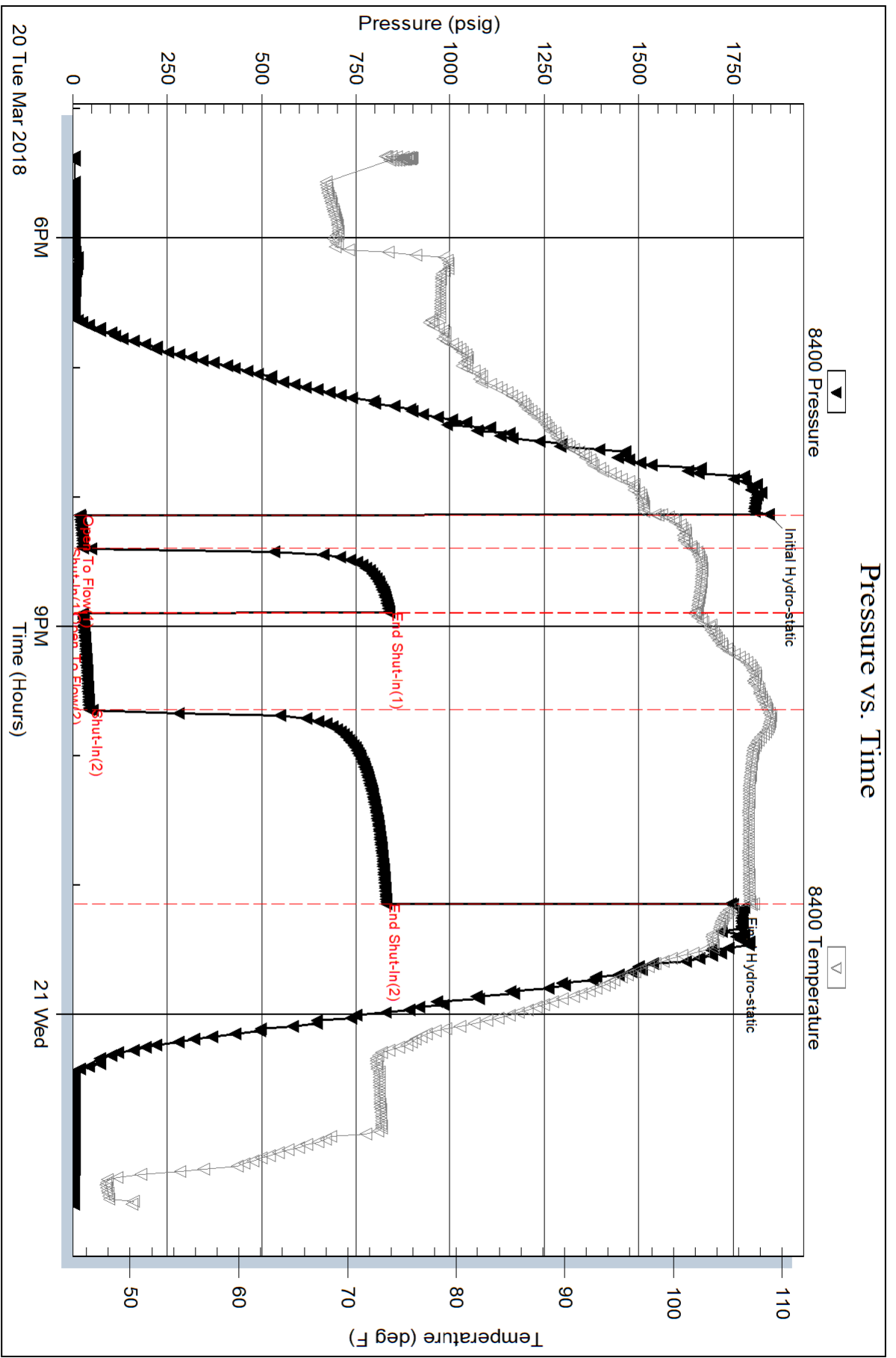
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	53000 ppm
Viscosity: 50.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.60 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 2.50 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	MCW 30% m 70% w Oil Spots	0.220

Total Length: 30.00 ft Total Volume: 0.220 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: Sanpler-- 2000ml Water .214 @ 33 = 78000ppm 200psi.....
 .290 @ 35

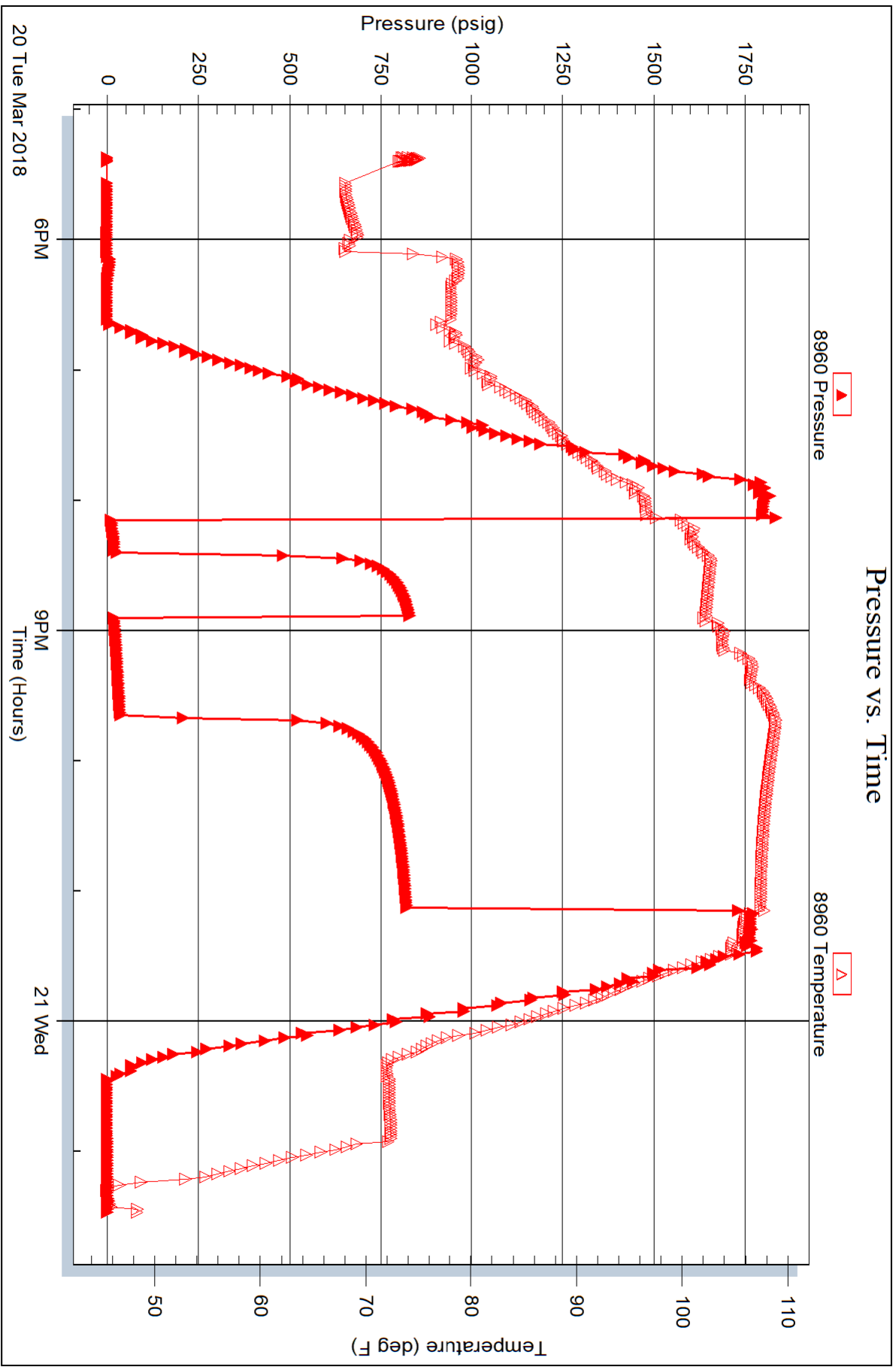


Serial #: 8960

Outside Pioneer Oil Co Inc

Ficken 1-27

DST Test Number: 2





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Pioneer Oil Co Inc
400 Main St Box 237
Vincennes IN 47501-0237
ATTN: Jim Musgrove

27 6s 26w Sherdian KS
Ficken 1-27
Job Ticket: 64518 **DST#: 3**
Test Start: 2018.03.21 @ 08:49:00

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	12000 ppm
Viscosity: 47.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.60 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 2.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
35.00	WCM 30%w 70%m	0.257

Total Length: 35.00 ft Total Volume: 0.257 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments: Sampler--800ml-Mud--1200ml-Water .317 @ 65= 23000ppm--220psi
 .577 @ 65

Serial #: 8400

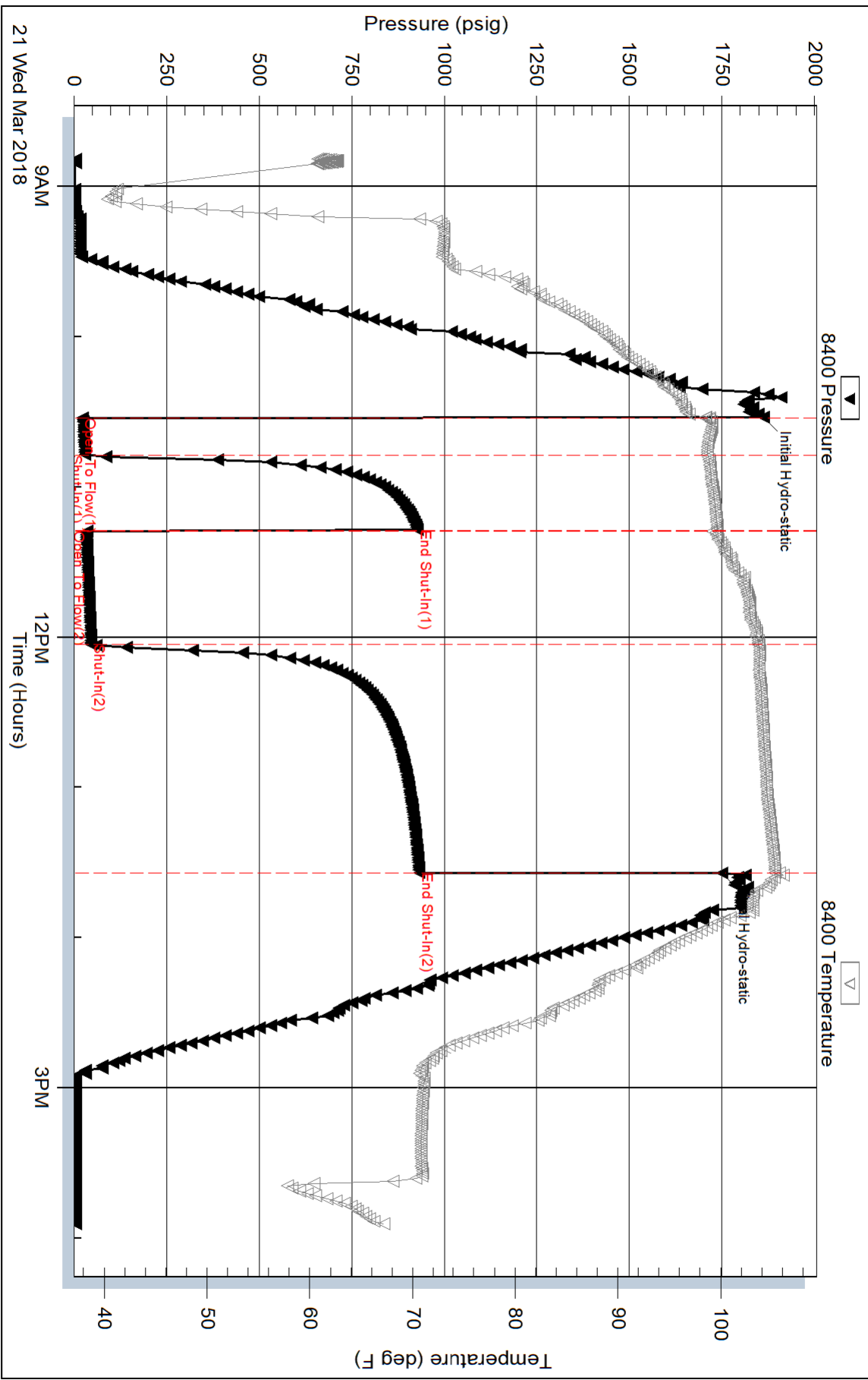
Inside

Pioneer Oil Co Inc

Ficken 1-27

DST Test Number: 3

Pressure vs. Time

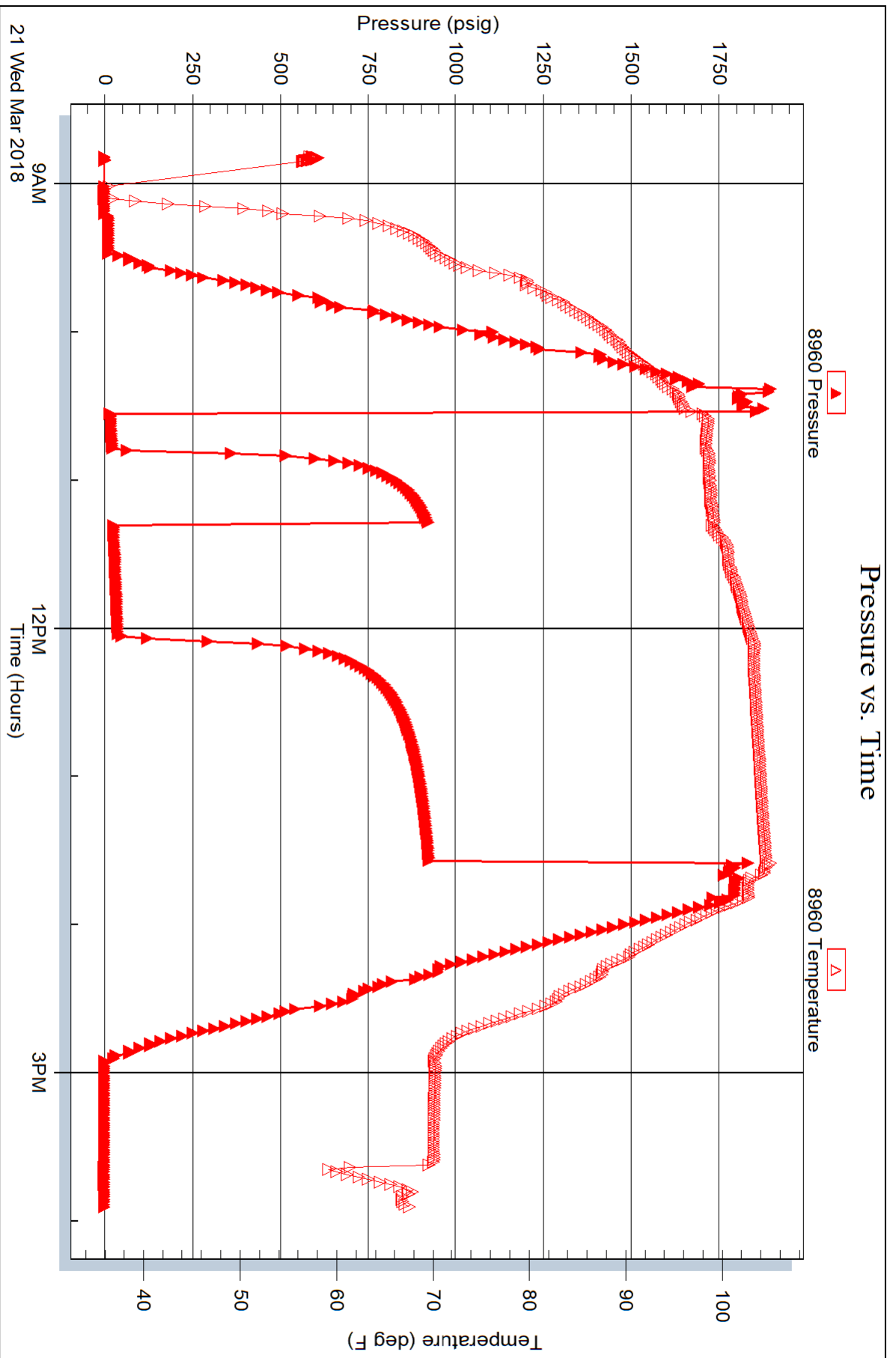


Serial #: 8960

Outside Pioneer Oil Co Inc

Ficken 1-27

DST Test Number: 3



Trilobite Testing, Inc

Ref. No: 64518

Printed: 2018.03.21 @ 16:27:06



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
 620/431-9210,1-800/467-8676
 Fax 620/431-0012

Invoice

Invoice#

812675

Invoice Date: 03/20/18

Terms: Net 30

Page 1

PIONEER OIL CO
 BOX 142-B RR4
 LAWRENCEVILLE IL 62439
 USA
 6189435314

FICKEN 1-27

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0471	Cement Pump Charge 301' - 500' (Coalbed/Methane)	1.000	1,150.0000	30.000	805.00
CE0002	Equipment Mileage Charge - Heavy Equipment	40.000	7.1500	30.000	200.20
CE0710	Cement Delivery Charge	1.000	855.6000	30.000	598.92
CC5871	Surface Blend II, 2% Gel/3% CaCl	260.000	24.0000	30.000	4,368.00

Subtotal 8,531.60

Discounted Amount 2,559.48

SubTotal After Discount 5,972.12

Amount Due 9,062.00 If paid after 04/19/18

Tax: 371.28

Total: 6,343.40



TICKET NUMBER **55065**

LOCATION Oalla, Ks

FOREMAN Walt Dinko

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

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice #812675

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
3-15-18	6224	Ficken #1-27	27	6 ^s	26 ^w	Sheridan	
CUSTOMER <u>Pioneer Oil Co</u>		STUDLEY 1 W 9 1/2 N WIS.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>Box 142-B RR4</u>				253	Travis Williams		
CITY <u>Lawrenceville</u>		STATE <u>IL</u>	ZIP CODE <u>62439</u>	566	Paul Williams		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 359 CASING SIZE & WEIGHT 8 5/8 - 24#
 CASING DEPTH 3.59 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15'-20'
 DISPLACEMENT 21 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety Meeting, Rig up on Discovery #1, Circ casing on bottom
mix 260-sks com, 3% cc-2% col, Displace 21 1/2 BB H₂O. Shut in
Cement Dial Circ
in collar.

*Thank You
Walt Dinko*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
Ceo 471	1	PUMP CHARGE	1,150.00	1,150.00
Ceo 002	40	MILEAGE	7.15	286.00
Ceo 710	12.22	Ton Mileage Delivery	7.00	855.60
CC 5871	260 SKS	Surface Blend II	24.00	6,240.00
				8,531.60
		Less 30%	-	2,559.48
				5,972.12
		8.5%		371.28
		SALES TAX		371.28
		ESTIMATED TOTAL		6343.40

RevIn 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____



Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country Estates Road, Liberal KS 67901

PRESSURE PUMPING

Job Log

Customer:	Pioneer Oil Company	Cement Pump No.:	38750, 19842 5Hrs.	Operator TRK No.:	96816	
Address:	PO Box 237	Ticket #:	1718 15575 L	Bulk TRK No.:	19889, 21010 Riley	14355, 37724 Angel
City, State, Zip:	Vincennes, IN 47591	Job Type:	Z42 - Cement Production Casing			
Service District:	1718 - Liberal, Ks.	Well Type:	OIL			
Well Name and No.:	Ficken 1-27	Well Location:	27,6,26	County:	Sheridan	State: Ks

Type of Cmt	Sacks	Additives	Truck Loaded On		
A-Con' Blend	275	3% Calcium Chloride, 1/4# Polyflake, .2% C-51	19889, 21010 Riley	Front	Back
AA2	175	5% W-60, 10% Salt, .5% C-17, 1/4# Defoamer, 5# Gilsontite	14355, 37724 Angel	Front	Back
Premium / Common	50	Neat (Rat & Mouse)	14355, 37724	Front	Back

Lead/Tail:	Weight #1 Gal.	Yield	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	11.2	3.16	19.63	869	TT Man Hours:	69.5
Tail:	14.8	1.51	6.65	264.25	# of Men on Job:	4

Time (am/pm)	(BPM)	Volume (BBLs)	Pumps		Pressure (PSI)		Description of Operation and Materials
			T	C	Tubing	Casing	
4:00							ON LOCATION
5:30							SAFETY MEETING
5:45 AM							RIG UP
6:45 AM							RIG TO CIRCULATE
7:55 AM							RIG TO P.T.
8:03							PRESSURE TEST TO 2800PSI
8:06	5.6	11.9				430	PUMP 500 GALLONS MUD FLUSH
8:09 AM	4.9	20				420	PUMP 20BBLs 2% KCL WATER
8:13	6.5	154.7 slurry				570	PUMP 275SX LEAD @ 11.2#
8:33	6.8	47.0 slurry				170	PUMP 175SX TAIL @ 14.8#
8:41							SHUTDOWN / DROP PLUG / W.P.
8:46	7.1	10				250	DISPLACE
	4.8	20				130	
	6	30				210	
	6.2	40				380	
	6.2	50				450	
	5.6	60				660	
	4.3	70				740	
	4.1	80				950	
9:02	4	86				1030	SLOW RATE TO 2.0BPM @ 910PSI
	2	90				970	
9:05	1.9	95.9				1010	LAND PLUG / PRESSURE UP TO 1520PSI
9:07							RELEASE BACK --- PLUG DID NOT HOLD

Size Hole	7 7/8"	Depth	4380.64'		TYPE	Plug Container	
Size & Wt. Csg.	5 1/2" 15.5#	Depth	4069.64'	New / Used	Packer	Depth	
Landing Press.	871.8psi	Depth			Retainer	Depth	
Shoe Jt.	38.60'	Type			Perfs	CIBP	

Customer Signature: <i>[Signature]</i>	Basic Representative:	Daniel Beck
	Basic Signature:	<i>[Signature]</i>
	Date of Service:	3/24/2018

STATE OF KANSAS



CORPORATION COMMISSION
CONSERVATION DIVISION
266 N. MAIN ST., STE. 220
WICHITA, KS 67202-1513

PHONE: 316-337-6200
FAX: 316-337-6211
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

July 18, 2018

Brandi Stennett
Pioneer Oil Company, Inc.
400 MAIN STREET
PO BOX 237
VINCENNES, IN 47501-0237

Re: ACO-1
API 15-179-21440-00-00
FICKEN 1-27
SE/4 Sec.27-06S-26W
Sheridan County, Kansas

Dear Brandi Stennett:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 03/15/2018 and the ACO-1 was received on July 18, 2018 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department