

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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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# 812049

Invoice Date: 12/19/17

Terms: C.O.D.

Page 1

GILES, BEN
 346 S. LULU
 WICHITA KS 67211
 USA
 3162651992

Ralston #11

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0451	Cement Pump Charge 1501' - 3000'	1.000	1,900.0000	55.000	855.00
CE0002	Equipment Mileage Charge - Heavy Equipment	10.000	7.1500	55.000	32.18
CE0711	Minimum Cement Delivery Charge	2.000	660.0000	55.000	594.00
CC5828	Lite-Weight Blend IV (65:35:6), 3% CaCl	250.000	19.5000	55.000	2,193.75
CC6077	Kolseal	2,000.000	0.5000	55.000	450.00
CC6079	PhenoSeal Formica Flakes	125.000	1.3500	55.000	75.94
CC5861	ThixoBlend II	150.000	27.0000	55.000	1,822.50
CC6077	Kolseal	750.000	0.5000	55.000	168.75
CC6079	PhenoSeal Formica Flakes	75.000	1.3500	55.000	45.56
CP8485	5 1/2" Float Shoe, AFU	1.000	585.0000	55.000	263.25
CP8254	5 1/2" Latch Down Plug & Assembly	1.000	400.0000	55.000	180.00
CP8651	5 1/2" Cement Basket Reciprocating	5.000	360.0000	55.000	810.00
CP8576	5 1/2" Turbolizer	8.000	110.0000	55.000	396.00
CP8629	5 1/2" Basket	3.000	385.0000	55.000	519.75

Long String Cement

Subtotal 18,681.50
 Discounted Amount 10,274.83
 SubTotal After Discount 8,406.67

Amount Due 19,720.33 If paid after 12/19/17

Tax: 467.47
 Total: 8,874.15

~~_____~~



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

FIELD TICKET & TREATMENT REPORT
 CEMENT

TICKET NUMBER 54883
 LOCATION E/Dornd
 FOREMAN Brad Butler - Fuzzy

Invoice # 812049

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-13-17	3079	RakStar # 11	10	26s	4E	Butler
CUSTOMER Benjamin Giles			TRUCK #		DRIVER	
MAILING ADDRESS 346 S. Lulu			603 /		Tracy /	
CITY Wichita			611 /		725 /	
STATE Ks.			713 /		Jud /	
ZIP CODE 67211			702 /		Brad /	

JOB TYPE Longstring HOLE SIZE 7 7/8" HOLE DEPTH 2470' KB CASING SIZE & WEIGHT 5 1/2" x used Pipe
 CASING DEPTH 2462' DRILL PIPE _____ TUBING _____ OTHER 10' shoe joint
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10'
 DISPLACEMENT 60 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: Safety Meeting: Tail Tailed Latch Down Plug on 10' shoe joint, Centralizers: 1, 2, 4, 7, 9, 14, 18, 22
 Cement Baskets on Joints: 10, 20, 31, 42, 54" / once Pipe on bottom Rig circulated for 30 minutes
 Rig up to casing, pump 5 Bbls water ahead, 10 Bbls casing Mud Flush followed by 5 Bbl water spacer
 Mixed 250 sks 65/35 Perm mix w/ 62 Gal, 32 CACL₂, 8lb P⁴/SK of KOL SEAL & 1/2 lb P⁴/SK of Pheno Seal or 12.5 lb P⁴/GAL
 Tail to with 150 sks Thixo Blend cement w/ 5lb P⁴/SK of KOL SEAL & 1/2 lb of Pheno Seal or 13.5 lb P⁴/GAL
 Shut down - wash out pump lines - Release Latch Down Plug. Displaced Plug with 60 Bbls water at 4 bpm
 Slowed pump rate to 2 bpm the last 4 Bbls of displacement. Final pumping at 1300 psi
 Land Plug with 1800 psi, well held 1800 psi for 2 minutes - Released Pressure - Float Held
 Circulated 30 Bbls cement slurry to pit Job complete - Tracked down Plug R.H with 15 SACKS

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0451	1	PUMP CHARGE	1900.00	1900.00
CE 0002	10	MILEAGE	7.15	71.50
CE 0711	2	M/C Bulk Truck charge	660.00	1320.00
CC 5828	250 SACKS	65/35 Perm mix cement w/ 32 CACL ₂ (62 Gal)	19.50	4875.00
CC 6077	2000 lbs	KOL SEAL 8" P ⁴ /SK	.50	1000.00
CC 6079	125 lbs	Pheno Seal 1/2 lb P ⁴ /SK	1.35	168.75
CC 5861	150 SACKS	Thixo Blend II	27.00	4050.00
CC 6077	750 lbs	KOL SEAL 5" P ⁴ /SK	.50	375.00
CC 6079	75 lbs	Pheno SEAL 1/2 lb P ⁴ /SK	1.35	101.25
CP 8485	1	5 1/2" Float Shoe AFU	585.00	585.00
CP 8254	1	5 1/2" Latch Down Plug Assembly	400.00	400.00
CP 8651	5	5 1/2" Cement Baskets - Reciprocating	360.00	1800.00
CP 8576	8	5 1/2" Turbolizer	110.00	880.00
CP 8629	3	5 1/2" BASKETS / used on previous well - 12-7-17	385.00	1155.00
			Sub Total	18681.50
			3% discount	- 560.45
			SALES TAX	467.47
			ESTIMATED TOTAL	8874.15

Ravin 3737

AUTHORIZATION Witnessed by Beau Giles 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.



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# 812035

Invoice Date: 12/19/17 Terms: Net 30 Page 1

GILES, BEN
 346 S. LULU
 WICHITA KS 67211
 USA
 3162651992

Ralston #1

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	8.000	0.0000	0.000	0.00
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
CC5800A	Class A Cement - Sack	270.000	20.0000	45.000	2,970.00
CC5325	Calcium Chloride	800.000	1.2500	45.000	550.00
CC5965	Bentonite	500.000	0.3000	45.000	82.50
CC6075	Celloflake	200.000	2.0000	45.000	220.00

Subtotal 9,110.00
 Discounted Amount 4,099.50
 SubTotal After Discount 5,010.50
 Amount Due 9,579.13 If paid after 01/18/18

Tax: 258.02
 Total: 5,268.52

Surface Cement



API #
15-015-24092-00-00

9713/4004

TICKET NUMBER 54808

LOCATION El Dorado, KS

FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #812055

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-11-17	3079	Ralsdon #1	10	26	4	Butler
CUSTOMER Ben Giles			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 346 S. Lolo			446	Jeremy		
CITY Wichita			491	Jud		
STATE KS			725	Fuzzy		
ZIP CODE 67211						

JOB TYPE surface HOLE SIZE 12 1/4 HOLE DEPTH 232' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 221 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.6 SLURRY VOL _____ WATER gal/sk 65 CEMENT LEFT in CASING 20'
 DISPLACEMENT 12.8 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on CTG #2 Rig up and establish circulation, mix 270 SKS class 'A' 30% acc, 2% gel w/ 3/4" poly flake pre sk. Displace 13 BBL and shut in.

Cement did circulate approx 6 BBL to pit.

Thanks Fuzzy & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
660450	1	PUMP CHARGE	1500.00	1500.00
66002	8	MILEAGE	7.5	N/C
660911		Ton mileage delivery (min)	660.00	660.00
665800	270 SKS	Class 'A'	20.00	5400.00
663325	800 #	Calcium chloride	1.25	1000.00
665965	500 #	Gel	.30	150.00
666075	200 #	Poly-flake	2.00	400.00
		subtotal		9110.00
				4099.00
		subtotal		5010.00
		SALES TAX		258.02
		ESTIMATED TOTAL		5268.52

Rev'n 3787

AUTHORIZATION Butch Curcutt 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.