

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](mailto: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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# COPELAND

## Acid & Cement

POST OFFICE BOX 438  
 HAYSVILLE, KS 67060  
 (316) 524-1225  
 (316) 524-1027 FAX

**Invoice**

Page: 1

BURRTON, KS (620) 463-5161  
 GREAT BEND, KS (620) 793-3366  
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:  
**C45267-IN**

**BILL TO:**  
**BEN GILES**  
**MWM OIL CO., INC.**  
**346 SOUTH LULU**  
**WICHITA, KS 67211**

LEASE: MELVILLE B #1

*Butler*  
*Cement*

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/13/2017	C45267		12/07/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	MILEAGE PICKUP		18.00	2.00	65.60
40.00	MI	MILEAGE CEMENT PUMP TRUCK		18.00	4.00	131.20
1.00	EA	PUMP CHARGE		18.00	1,600.00	1,312.00
500.00	GAL	PRE FLUSH		18.00	0.50	205.00
100.00	SK	COMMON CEMENT		18.00	13.00	1,066.00
4.00	SK	GEL		18.00	22.00	72.16
3.00	SK	2% CALCIUM CHLORIDE		18.00	30.00	73.80
500.00	LB	GILSONITE		18.00	0.75	307.50
330.00	SK	65/35 POZ MIX 2% GEL		18.00	11.00	2,976.60
12.00	SK	2% ADDITIONAL GEL		18.00	22.00	216.48
1.00	EA	FLOAT SHOE W/AFU		18.00	285.00	233.70
1.00	EA	LATCH DOWN PLUG & BAFFLE		18.00	175.00	143.50
8.00	EACH	TURBO CENTRALIZERS		18.00	85.00	557.60
2.00	EA	BASKETS		18.00	155.00	254.20
461.00	EA	BULK CHARGE		18.00	1.25	472.53
811.20	MI	BULK TRUCK - TON MILES		18.00	1.10	731.70
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		<b>COP</b>		Net Invoice:		8,819.57
<b>RECEIVED BY</b>		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BUTCO Sales Tax:		231.49
		<b>NET 30 DAYS</b>		Invoice Total:		<b>9,051.06</b>

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.



FIELD ORDER N° C 45267

BOX 438 • HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 12-7 2017

IS AUTHORIZED BY: Ben Giles  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Melville B Well No. 1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range 10-26s-4E County Butler State Ks.

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED \_\_\_\_\_ By \_\_\_\_\_  
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	Mileage Pickup	2.00	80.00
2	40	Mileage Pump Truck	4.00	160.00
2	1	Pump Chg.	1600.00	1600.00
2	500gal	PRE FLUSH	.50	250.00
2	100sx	COMMON CLASS A CEMENT	13.00	1300.00
2	4sx	Gel	22.00	88.00
2	3sx	2% CALCIUM CHLORIDE	30.00	90.00
2	500#	Gilsonite	.75	375.00
2	330sx	65-35 Poz mix 2% Gel	11.00	3630.00
2	12sx	ADDITIONAL GEL 4%	22.00	264.00
2	1	FLOAT SHOE W/AFU	285.00	285.00
2	1	LATCH DOWN PLUG & BAFFLE	175.00	175.00
2	8	TURBO CENTRALIZERS	85.00	680.00
2	2	BASKETS	155.00	310.00
2	461	Bulk Charge	1.25	576.25
2	40	Bulk Truck Miles $20.28 = 811.2 \times 1.10 =$		892.32
		Process License Fee on _____ Gallons		10755.57
		<b>TOTAL BILLING</b>	18%	- 1936.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Duane Brozek 8819.57

Station GT. Bend, Ks. Dusty  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS



**TREATMENT REPORT**

Acid Stage No. ....

Date 6-7-17 District Gr Bend F. O. No. 45267  
 Company BEN GILES  
 Well Name & No. Melville R #1  
 Location 10-265-4E Field  
 County Butte State KY

Casing: Size 5 1/2" Type & Wt. 15.50 Set at 2498' ft.  
 Formation: Perf. to  
 Formation: Perf. to  
 Formation: Perf. to  
 Liner: Size Type & Wt. Top at ft. Bottom at ft.  
 Cemented: Yes/No Perforated from ft. to ft.  
 Tubing: Size & Wt. Hung at ft.  
 Perforated from ft. to ft.  
 Open Hole Size T.D. ft. P.H. to ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand  
 Breakdown Bbl./Gal.  
 Bbl./Gal.  
 Bbl./Gal.  
 Bbl./Gal.  
 Flush Bbl./Gal.  
 Treated from ft. to ft. No. ft.  
 from ft. to ft. No. ft.  
 from ft. to ft. No. ft.  
 Actual Volume of Oil/Water to Load Hole: Bbl./Gal.  
 Pump Trucks No. Used: Std. 300 Sp. Twin  
 Auxiliary Equipment 300-310T  
 Packer: Set at ft.  
 Auxiliary Tools Duane Greg Mike  
 Plugging or Sealing Materials: Type

Company Representative \_\_\_\_\_ Treater Duane

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:15				ON LOG
				START 5 1/2" CSG & FLOAT EQU. IN HOLE
				20 JOINTS RUN & CIR HOLE
				DONE CIR. CSG
				RUN REST OF CSG
				HOOK UP CIR W/ MUD
				DONE CIR. MUD
			12 APIS	RUN MUD FLUSH
			0	MIX C.M.F.
	300		138.11	C.M.F. MIXED
			0	START DISP.
1:50	1500		58.31	PLUG DOWN
3:00				JOB COMPLETE



POST OFFICE BOX 438  
 HAYSVILLE, KS 67060  
 (316) 524-1225  
 (316) 524-1027 FAX

**Invoice**

**Acid & Cement**

BURRTON, KS (620) 463-5161  
 GREAT BEND, KS (620) 793-3366  
 FAX (620) 463-2104 FAX (620) 793-3536

INVOICE NUMBER:  
**C45238-IN**

**BILL TO:**  
**BEN GILES**  
**MWM OIL CO., INC.**  
**346 SOUTH LULU**  
**WICHITA, KS 67211**

LEASE: MELVILLE B #1

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
12/11/2017	C45238		12/04/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
40.00	MI	MILEAGE CEMENT PUMP TRUCK		18.00	4.00	131.20
1.00	EA	PUMP CHARGE SURFACE PIPE		18.00	1,100.00	902.00
200.00	SK	60/40 POZ MIX 2% GEL		18.00	10.75	1,763.00
10.00	SK	CALCIUM CHLORIDE		18.00	30.00	246.00
210.00	EA	BULK CHARGE		18.00	1.25	215.25
358.00	MI	BULK TRUCK - TON MILES		18.00	1.10	322.92
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		3,580.37
<b>RECEIVED BY</b>		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		BUTCO Sales Tax:		91.54
		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>3,671.91</b>

*Surface  
Curing*

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days past due.

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.



FIELD ORDER N° C 45238

BOX 438 • HAYSVILLE, KANSAS 67060  
316-524-1225

DATE 12-4- 20 17

IS AUTHORIZED BY: Ben Giles  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Melville Well No. B-1 Customer Order No. \_\_\_\_\_

Sec. Twp. Range 10-26-4E County Butler State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED \_\_\_\_\_ By \_\_\_\_\_  
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	Mileage Pump Truck	4 <sup>00</sup>	160 <sup>00</sup>
2		Pump Charge - Surface Pipe		1100 <sup>00</sup>
2	200 SKS.	60/40 Pozmix w/2% gel	10 <sup>75</sup>	2150 <sup>00</sup>
2	10 SKS	Calcium Chloride	30 <sup>00</sup>	300 <sup>00</sup>
2	210	Bulk Charge	1 <sup>25</sup>	262 <sup>50</sup>
2		Bulk Truck Miles 8.95 TM x 40 miles = 358 TM	1 <sup>10</sup>	393 <sup>50</sup>
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4366 <sup>30</sup>

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Greg G.  
Station 6B

Judd G.  
Well Owner, Operator or Agent

-18% - 785.93  
3580.37

Remarks \_\_\_\_\_

NET 30 DAYS



