

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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Lone Jack Oil Company  
Blue Mound, KS  
1-913-756-2307 1-620-363-0492

Lease: Fred Hughes Operator: Peoples Oil LLC API # 15-121-31452-00-00  
 Contractor: Lone Jack Oil Company Date Started: 2/1/18 Date Completed: 2/9/18  
 Total Depth: 562 feet Well # I-1 Hole Size: 5 5/8  
 Surface Pipe: 20' 7" Surface Bit: 9 7/8 Sacks of Cement: 5  
 Depth of Seat Nipple: \_\_\_\_\_ Rag Packer At: \_\_\_\_\_  
 Length and Size of Casing: 549' 2 7/8 Sacks of Cement: 65  
 Legal Description: NW SW NW NW Sec: 26 Twp: 17S Range: 21E County: Miami

Thickness	Depth	Type of Formation	Thickness	Depth	Type of Formation
2	2	Top Soil	8	508	Good Bleed
6	8	Clay	4	512	Sand is Shaley
1	9	Lime	17	529	Black Sand
1	10	Clay	23	562	Shale
16	26	Lime		562	T.D.
25	51	Shale			
3	54	Lime			
39	93	Shale			
17	110	Lime			
11	121	Shale			
28	149	Lime			
8	157	Shale			
23	180	Lime			
4	184	Shale			
12	196	Lime			
132	328	Shale			
3	331	Sandy Shale			
5	336	Oil Sand (Good Bleed)			
17	347	Oil Sand (Really Good)			
1	348	Sand (Not as Good)			
2	350	Sand (Shaley)			
16	366	Lime *Trouble Tight*			
38	404	Shale			
4	408	Lime			
15	423	Shale			
3	426	Lime			
13	439	Shale			
4	443	Lime			
22	465	Shale			
6	471	Lime			
8	479	Shale			
3	482	Oil Sand			
8	490	Oil Sand (Good Bleed)			
2	492	Sand (Not as Good)			
2	494	Oil Sand (Good Bleed)			
2	496	Not as Good			
2	498	Good Bleed			
2	500	Not as Good			

PERF. 508  
 478-508

**Lone Jack Pulling**  
**509 E Walnut Street**  
**Blue Mound, KS 66010**

**Invoice**

<b>Date</b>	<b>Invoice #</b>
2/12/2018	94

<b>Bill To</b>
Peoples Oil LLC 928 W 4th Street Ottawa, KS 66067

<b>P.O. No.</b>	<b>Terms</b>	<b>Project</b>

Quantity	Description	Rate	Amount
	<b>Fred Hughes I-1</b>		
1	2/9/18, Circulated 65 sacks of cement to surface, pumped plug and shut in.	400.00	400.00
1	Water Truck	100.00	100.00
	Sales Tax	8.00%	0.00
<b>Thank you for your business.</b>		<b>Total</b>	<b>\$500.00</b>



# BUILDERS CONCRETE COMPANY CHOICE

82803

P.O. Box 106 • 745 North Locust  
Ottawa, KS 66067 • (785) 242-1045

PLANT 504	MIX NO. 2901007	YARDS 9.25	TRUCK 0092	B. SAGE	TIME 8:21	DATE 2/9/18	TICKET NO. 5047560
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CUSTOMER NAME CASH SALES-Andy Peop	DELIVERY ADDRESS Stanton & 319 68 E Vermont S 327 E Stanton N 319 W 1/4	CUST. R.O. NO.
		NOTES

YARDS 9.25	DESCRIPTION 7 SK SLURRY MIX	YARDS ORDERED 9.25	YARDS DELIVERED 9.25	DELIVERED TODAY
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9.25	CYDS	2901007	7 SK SLURRY MIX	\$126.00	\$1,165.50
9.25	/y	9000	Winter Charge	\$4.50	\$41.63

Arrive on Job	Start Pouring	Finish Pouring

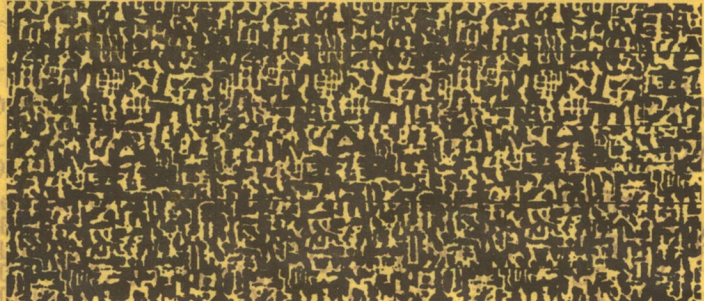
DRAYAGE	\$1,207.13
TOTAL MATL TAX	\$115.88
SALES TAX	\$1,323.01
TOTAL AMT. DUE	\$1,323.01

MSDS available upon request.

Not responsible for quality of concrete if water is added on job. Note here if water is added GAL. RECEIVED BY

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into eye, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

Not responsible for damage beyond curb line  
Special Instructions



SLUMP 6.00 in

Ticket Num	560	Ticket ID	5243	Time	8:21	Date	2/9/18
Mix Age		Seq	D	Load ID	5929		
% Var	3.87%	% Moisture		Actual Wat	225.4 gl		
	-0.54%				226.4 gl		
	-0.11%						

Actual Load Total: 9990 lb  
 Slump: 6.00 in  
 Actual W/C Ratio: 1.555  
 New Batches: 2  
 Design 1.460 Water/Cement 1.555 A  
 Water in Truck: 0.0 gl Adjust Water: 0.0 gl  
 Actual Water: 452 gl Batched Cement: 2425 lb  
 Design 425.5 gl Actual 451.8 gl To Add:  
 Load Trim Water: 0.0 gl / CYD Note: Manual feed  
 Allowable Water: 0 gl

CUSTOMER COPY