

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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Lone Jack Oil Company  
Blue Mound, KS

1-913-756-2307 1-620-363-0492

Lease: Fred Hughes Operator: Peoples Oil LLC API # 15-121-31450-00-00

Contractor: Lone Jack Oil Company Date Started: 1/5/18 Date Completed: 1/18/18

Total Depth: 550 feet Well # P3 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: 545' 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
1	1	Top Soil			
10	11	Clay			
14	25	Lime			
40	93	Shale			
17	110	Lime			
10	120	Shale			
29	149	Lime			
9	158	Shale			
23	181	Lime			
2	183	Shale			
12	195	Lime			
134	329	Shale			
5	334	Oil Sand Shaley			
10	344	Good Sand, Good Bleed			
4	348	Sand but not much oil			
3	351	Shale			
14	365	Lime			
40	405	Shale			
2	407	Lime			
16	423	Shale			
3	426	Lime			
13	439	Shale			
4	443	Lime			
22	465	Shale			
6	471	Sandy Lime w/show			
13	484	Sandy Shale			
8	492	Oil Sand Good Bleed			
4	496	Oil Sand not as good			
2	498	Oil Sand Shaley			
2	500	Oil Sand Good Bleed			
2	502	Oil Sand Shaley			
8	510	Oil Sand Good Bleed			
6	516	Oil Sand Shaley			
4	520	Shaley Sand			
30	550	Shale			
	550	TD			

PERF  
484-510'

**Lone Jack Oil Company**  
**509 East Walnut**  
**Blue Mound, KS 66010**

# Invoice

<b>Date</b>	<b>Invoice #</b>
1/20/2018	1820

<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 P3</b>		
1	<b>New Well Cementing</b> - Circulated 65sx cement to surface	<b>400.00</b>	<b>400.00</b>
1	<b>Water Truck</b>	<b>100.00</b>	<b>100.00</b>
	<b>Sales Tax</b>	<b>6.15%</b>	<b>0.00</b>
<b>Thank you for your business.</b>		<b>Total</b>	<b>\$500.00</b>



**BUILDERS**  
CONCRETE COMPANY  
**CHOICE**

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

○ 82771

PLANT 504	MIX NO. 2901007	YARDS 10	TRUCK 0092	B. SAGE	TIME 10:34	DATE 1/18/18	TICKET NO. 5047528
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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. P.O. NO.	NOTES
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YARDS 10	DESCRIPTION 7 SK SLURRY MIX	YARDS ORDERED 10.00	YARDS DELIVERED 10.00	DELIVERED TODAY
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10.00	CYDS	2901007	7 SK SLURRY MIX	\$126.00	\$1,260.00
60.00	ea	9008	STANDBY	\$1.58	\$94.80
10.00	/y	9000	Winter Charge	\$4.50	\$45.00

Arrive on Job	Start Pouring	Finish Pouring

DRAYAGE \$1,399.80  
TOTAL MATL TAX \$134.38  
SALES TAX \$1,534.18  
TOTAL AMT. DUE \$1,534.18

**MSDS available upon request.**

Not responsible for quality of concrete

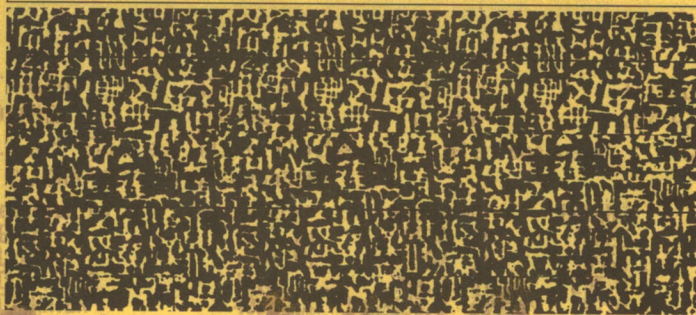
if water is added on job. Note here if water is added \_\_\_\_\_ GAL. RECEIVED BY \_\_\_\_\_

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	Ticket ID	Time	Date
528	5211	10:34	1/18/18
Mix Age	Seq	Load ID	
	D	5897	
% Var	% Moisture	Actual Wat	
-0.19%		295.0 gl	
0.38%		197.0 gl	
0.33%			
0.50%			

Total: 10695 lb  
 Slump: 6.00 in  
 W/C Ratio: 1.564  
 Design 450.0 gl  
 Load Trim Water: 0.0 gl / CYD  
 Batched Cement: 2625 lb  
 Allowable Water: 0 gl  
 Actual 492.0 gl  
 To Add:

CUSTOMER COPY

# 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 30, 2018

Andy Peoples  
Peoples Oil, LLC  
928 W. 4TH ST  
OTTAWA, KS 66067

Re: ACO-1  
API 15-121-31450-00-00  
FRED HUGHES P3  
NW/4 Sec.26-17S-21E  
Miami County, Kansas

Dear Andy Peoples:

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 01/05/2018 and the ACO-1 was received on July 26, 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