

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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WoCo Drilling LLC

1135 30th Rd

Yates Center, Kansas 66783

Steve 620-330-6328

Nick 620-228-2320

Operator License # 35346		API # 15-205-28417-00-00	
Operator: Bryan Marshall		Lease: Orland Newby	
Address: PO Box 389, Eureka Ks, 67045		Well # 12	
Phone: 620-750-0058		Spud Date: 3/6/2018	
Contractor License: 33900		Completed: 3-8	
T.D. 1130		Location: Sec: 3 TWP: 30 R: 105E	
Bite Size: 6"		495' from south line	
Surface Pipe Size: 7"		Surface Depth: 40'	
Kind of Well: Oil		4027' from east line	
		County: Wilson	

105X

Drilling Log

Strata	From	To	Strata	From	To
Soil	0	6	Lime	589	603
Clay & Gravel	6	34	Shale	603	671
Shale	34	42	Lime	671	674
Gravel	42	48	Shale	674	682
Shale	48	67	Lime	682	698
Lime	67	84	Shale	698	740
Shale	84	97	Lime	740	767
Lime	97	150	Shale	767	776
Shale	150	166	Lime	776	781
Lime	166	176	Shale	781	788
Shale	176	240	Lime	788	791
Lime	240	246	Shale	791	858
Shale	246	265	Lime	858	860
Lime	265	272	Shale	860	872
Shale	272	286	Lime	872	875
Lime	286	346	Shale	875	968
Black Shale	346	354	Black Shale	968	985
Lime	354	391	Shale	985	1004
Shale	391	433	Black Shale	1004	1010
Oil Oder Sand	433	442	Dark Shale	1010	1018
Shale	442	450	Gray Sand	1018	1024
Lime	450	456	Oil sand	1024	1042
Shale	456	474	Broken Sand	1042	1045
Lime	474	477	Shale	1045	1130
Shale	477	498	TD 1130		
H Lime	498	506			
S Lime	506	519			
Lime	519	580			
Shale	580	589			

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report

Ticket No. 3707
 Foreman Rick Ledford
 Camp Eureka Ks

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
3-8-18	1163	Orland Newby #12	3	30S	15E	Wilson	Ks
Customer <u>Marshall Oil LLC</u>			Safety Meeting Unit # <u>107</u> <u>110</u>		Driver <u>Alan M.</u> <u>Steve M.</u>		Unit # Driver
Mailing Address <u>P.O. Box 389</u>			PL Am 3m				
City <u>Eureka</u>	State <u>Ks</u>	Zip Code <u>67045</u>					

Job Type L/D Hole Depth 1130' Slurry Vol. 39 Bbl Tubing 2 7/8"
 Casing Depth 1120' Hole Size 6" Slurry Wt. 14# Drill Pipe _____
 Casing Size & Wt. _____ Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 6 3/4 Bbl Displacement PSI 700 Bump Plug to 1100 BPM _____

Remarks: Safety meeting - Rig up to 2 7/8" tubing. Start circulation w/ fresh water. Pump 6 sacs gel-flush w/ hulls, 10 Bbl water spacer, Mixed 165 sacs 60/40 Permiv cement w/ 4% gel, 270 cells & 1" phenoxal/SE @ 14#/gal. Washout pump & lines, stuff 2 plugs. Displace w/ 6 3/4 Bbl water. Final pump pressure 700 PSI. Bump plug to 1100 PSI. Release pressure, float held. Shut in @ 0 PSI. Good cement returns to surface = 6 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C102	1	Pump Charge	1050.00	1050.00
C107	40	Mileage	3.95	158.00
C203	165	60/40 Permiv cement	12.75	2103.75
C205	285*	270 cells	.60	171.00
C206	570*	4% gel	.20	114.00
C208	165**	1" phenoxal/SE	1.25	206.25
C206	300**	gel-flush	.20	60.00
C214	40**	hulls	.45	18.00
C102B	7.10	ten mileage bulk tax	1.35	383.40
C401	2	2 7/8" top rubber plugs	28.00	56.00
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> 690 < 223489 > 4497.19 </div>				
			Subtotal	4320.40
			Sales Tax	177.39
			Total	4497.79

Authorization By Dy Bryan Marshall Title Owner

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.