

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) (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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Elite Cementing & Acidizing of KS, LLC  
 810 E 7th, PO Box 92  
 Eureka, KS 67045



Date	Invoice #
5/14/2018	3889

Bill To	
Cross Bar Energy, LLC 1700 N. Waterfront Pkwy Bldg. 300, Suite A Wichita, KS 67206-6614	
Customer ID#	1038

Job Date	5/11/2018
Lease Information	
Vigle VW#6	
County	Greenwood
Foreman	KM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C104	Cement Pump-Liner	1	1,050.00	1,050.00
C107	Pump Truck Mileage (one way)	15	3.95	59.25
C203	Pozmix Cement 60/40	55	12.75	701.25T
C206	Gel Bentonite	190	0.20	38.00T
C212	CDI-26	6	8.00	48.00T
C204	Pozmix Cement 50/50	168	11.25	1,890.00T
C206	Gel Bentonite	850	0.20	170.00T
C108A	Ton Mileage (min. charge)	1	345.00	345.00
C682	3 1/2" OD Flush Joint Float Shoe	1	250.00	250.00T
C402	3 1/2" Top Rubber Plug	1	40.00	40.00T
D101	Discount on Services		-72.71	-72.71
D102	Discount on Materials		-156.87	-156.87T

*We appreciate your business!*

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:  
 Elite Cementing & Acidizing of KS, LLC  
 PO Box 92  
 Eureka, KS 67045

<b>Subtotal</b>	\$4,361.92
<b>Sales Tax (7.5%)</b>	\$223.53
<b>Total</b>	\$4,585.45
Payments/Credits	\$0.00
<b>Balance Due</b>	\$4,585.45



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



**Cement or Acid Field Report**  
 Ticket No. **3889**  
 Foreman KEVIN MCCOY  
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
5-11-18	1038	Vigle VW #6				GW	Ks
Customer CROSS BAR ENERGY LLC			Safety Meeting KM DG RL	Unit #	Driver	Unit #	Driver
Mailing Address 1700 N. WATERFRONT PKWY Bldg. 300 STE A				105	DAVE G.		
City WICHITA				110	RICK L.		
State Ks				113	KEVIN M.		
Zip Code 67206-6614							

Job Type 3 1/2 OD LINER Hole Depth \_\_\_\_\_ Slurry Vol. 64 BBL Total Tubing \_\_\_\_\_  
 Casing Depth 2081.50' G.L. Hole Size 7 7/8" Slurry Wt. 12.8# - 14# Drill Pipe \_\_\_\_\_  
 Casing Size & Wt. 4 1/2 Cement Left in Casing 0' Water Gal/SK \_\_\_\_\_ Other CIBP 2087'  
 Displacement 17.5 BBL Displacement PSI 1250 Bump Plug to 1650 PSI BPM \_\_\_\_\_

Remarks: Safety Meeting: CIBP Set @ 2087' = 5' K.B. IN 4 1/2 CASING. 3 1/2 OD LINER Set @ 2081.50' G.L. 4 1/2 HAS hole in it @ 788' Below G.L. that will communicate to SURFACE ON ANNULUS OF 4 1/2. Rig up to 3 1/2 LINER. BREAK CIRCULATION w/ 22 BBL Fresh water. w/ Fluid Returns to SURFACE ON ANNULUS OF 3 1/2 LINER & ON ANNULUS OF 4 1/2. Cut hole IN SURFACE CASING to ALLOW FOR better CIRCULATION ON ANNULUS OF 4 1/2. Rig up to ANNULUS OF 3 1/2 LINER. Pump Dye water down ANNULUS OF 3 1/2 out hole in 4 1/2 @ 788' & back to SURFACE ON ANNULUS OF 4 1/2 to CALCULATE AMOUNT OF Cement NEEDED FOR LINER Job. Took 47 BBL Dye water. Rig up to 3 1/2 LINER. Mixed 55 SKS 60/40 Pozmix Cement w/ 4% GEL, 1 1/2% CDI-26 @ 14#/gal = 13 BBL Slurry. Shut down. STUFF Plug. Displace Plug to SEAT w/ 19.5 BBL Fresh water. FINAL Pumping Pressure 1250. Bump Plug to 1650 PSI. Release Pressure. Float Held. Rig up to ANNULUS OF 3 1/2 LINER. Mixed & Pumped Cement down ANNULUS out hole @ 788' & back to SURFACE ON ANNULUS OF 4 1/2. Took 168 SKS 50/50 Pozmix Cement w/ 6% GEL @ 12.7#/gal = 51 BBL Slurry. ANNULUS STANDING FULL OF Cement. Job Complete.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 104	1	Pump Charge	1050.00	1050.00
C 107	15	Mileage	3.95	59.25
C 203	55 SKS	60/40 Pozmix Cement	12.75	701.25
C 206	170 #	GEL 4%	.20 #	38.00
C 212	6 #	CDI-26 1 1/2%	8.00 #	48.00
C 204	168 SKS	50/50 Pozmix Cement	11.25	1890.00
C 206	850 #	GEL 6%	.20	170.00
C 108 A	9.30 TONS	Ton Mileage	M/C	345.00
C 682	1	3 1/2 OD Flush Joint weld on Float shoe	250.00	250.00
C 402	1	3 1/2 Top Rubber Plug	40.00	40.00
<u>THANK You</u>			Sub Total	4591.50
			Less 5%	241.34
			7.5% Sales Tax	235.29

Authorization Witnessed By Stuart Title CrossBAR Co. Rep Total 4585.45  
By Andrew

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.

**Well Completion**

Type:  Tubing & Packer     Packerless     Tubingless

	Conductor	Surface	Intermediate	Production	Tubing
Size		8-5/8 "	4-1/2"	3-1/2"	2-3/8"
Setting Depth		200'	2179'	2085'	2052'
Amount of Cement		130 sks	225 sks	223 sks	
Top of Cement		surface	surface	surface	
Bottom of Cement		200'	2179'	2085'	

If Alternate II cementing, complete the following:

Perforations / D.V. Tool at \_\_\_\_\_ feet, cemented to \_\_\_\_\_ feet with \_\_\_\_\_ sx.

Tubing: Type 2-3/8" SEALTITE (PVC LINED TUBING) Grade J-8

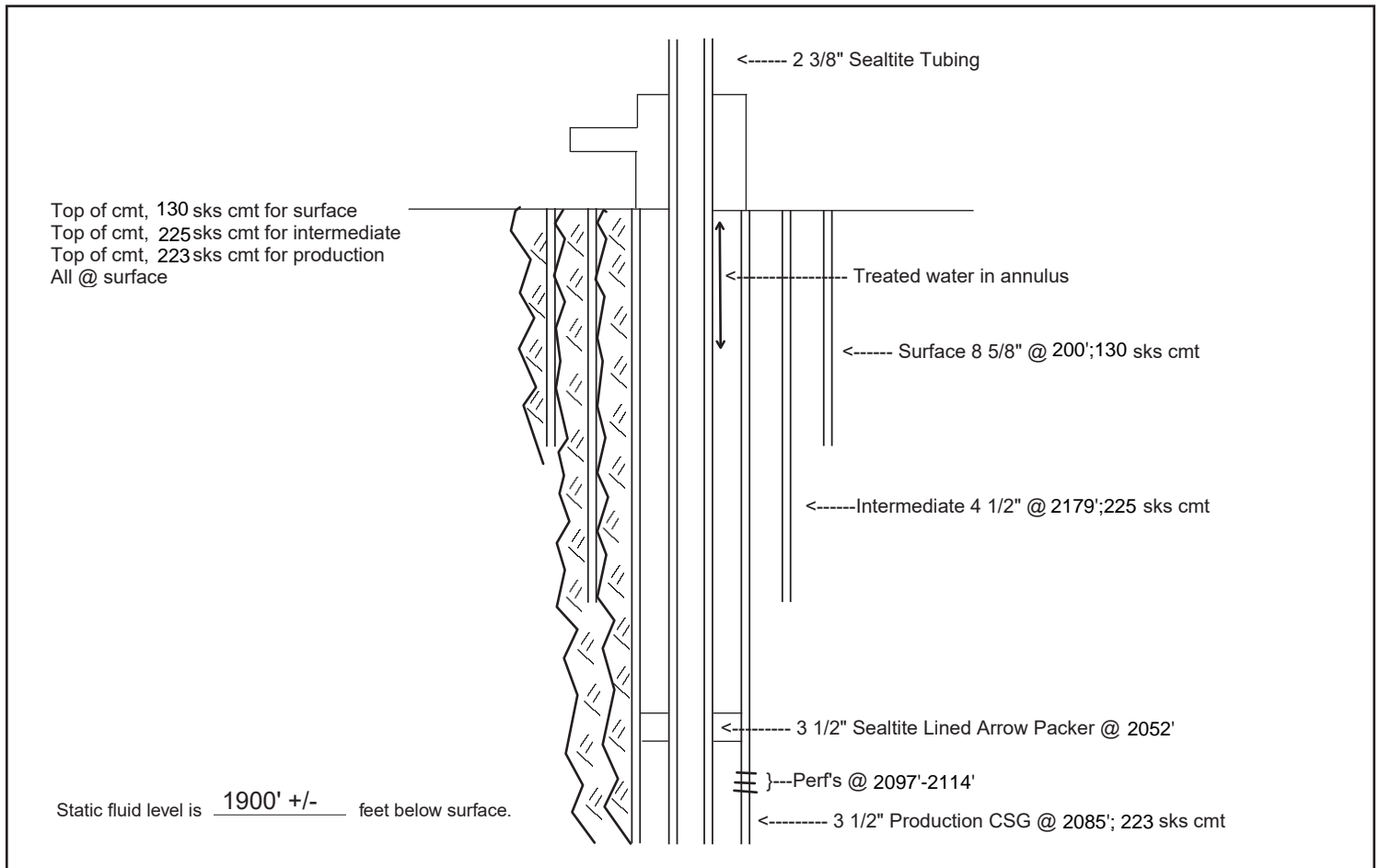
Packer: Type SEALTITE LINED ARROW 3 1/2" PACKER Depth 2052'

Annulus Corrosion Inhibitor: Type Baker Hughes CRW132 Corr. Inhibitor Concentration \_\_\_\_\_

List Logs Enclosed: \_\_\_\_\_

**Well Sketch**

(To sketch installation, darken the appropriate lines, indicate cement, and show depths.)





**CASING MECHANICAL INTEGRITY TEST**

DOCKET# ~~E205241~~ **E-27315**

Disposal Well  Enhanced Recovery:  
 Repressuring   
 Flood   
 Tertiary   
 OWOP \_\_\_\_\_  
 Date injection started \_\_\_\_\_  
 API #15- 073-23608-00-00

S2 SE SW SW , Sec 14 , T 23 S,R 10 E/W  
 300 Feet from South Section Line  
 4290 Feet from East Section Line  
 Lease Vigle Well # VW-6  
 County Greenwood

Operator: Cross Bar Energy, LLC  
 Name & Address 1700 N. Waterfront Pkwy, #300A  
 Wichita, KS 67206

Operator License# 33245  
 Contact Person: Andrew Brensing  
 Phone 316-239-6151

Max. Auth. Injection Press 1000 Psi; Max Inj. Rate 400 bbl/d;

If Dual Completion - Injection above production		Injection below production			
Conductor	Surface	Production	Liner	Tubing	
Size	8-5/8"	4-1/2"	3-1/2"	Size	2-3/8"
Set at	200'	2179'	2085'	Set at	2050'
Cement Top	surface	surface	surface	Type	Sealtite
" Bottom	200'	2179'	2085'		
DV/Perf.	TD (and plug back)			ft. depth	
Packer type	SEALTITE LINED 3 1/2" ARROW PACKER	Size 3-1/2"	Set at 2050'		
Zone of injection	Bartlesville	ft. to ft. 2097-2114'	Perf. or open hole	PERF.	

Type MIT: Pressure:  Radioactive Tracer Survey:  Temperature Survey:

F I E L D A T A  
 Time: Start 20 Min 40 Min 60 Min  
 Pressures: 380 380 380 Set up 1 System Pres. during test \_\_\_\_\_  
 Set up 2 Annular Pres. during test \_\_\_\_\_  
 Set up 3 Fluid loss during test \_\_\_\_\_ bbls.

Tested: Casing  or Casing - Tubing Annulus

The bottom of the tested zone in shut in with Arrow style sealtite lined 3 1/2" packer

Test Date 08-23-2018 Using Nitrogen Co Tools Company's Equipment

The operator hereby certifies that the zone between 0 feet and 2050' feet

was the zone tested Stewart P. Woodie Edd Sr.  
 Signature Title

The results were Satisfactory  Marginal \_\_\_\_\_ Not Satisfactory \_\_\_\_\_  
 State Agent: Mike Daff Title: ECS Witness: YES  NO \_\_\_\_\_

REMARKS: \_\_\_\_\_

Origin. Conservation Div.;  KDHE/T;  Dist. Office  
 Computer Update Is there Chemical Sealant or a Mechanical Casing patch in the annular space? (Y/N)

GPS Lat 38.04305 GPS Long 096.28278 (If YES please describe in REMARKS)  
 KCC Form U-7



## Summary of Changes

Lease Name and Number: VIGLE 6

API/Permit #: 15-073-23608-00-01

Doc ID: 1419502

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved Date	08/24/2018	08/27/2018



## Summary of Attachments

Lease Name and Number: VIGLE 6

API: 15-073-23608-00-01

Doc ID: 1419502

Correction Number: 1

Attachment Name

VW-6 Liner Cement Ticket

VW-6 Updated Well Sketch

VW-6 Signed Field MIT Sheet