KOLAR Document ID: 1420043

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 #	API No.:		
Name:	Spot Description:		
Address 1:			
Address 2:	Feet from North / South Line of Section		
City: State: Zip:+	Feet from _ East / _ West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()	□NE □NW □SE □SW		
CONTRACTOR: License #	GPS Location: Lat:, Long:, Long:		
Name:	Datum: NAD27 NAD83 WGS84		
Wellsite Geologist:	County:		
Purchaser:			
Designate Type of Completion:	Lease Name: Well #:		
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:		
☐ Oil ☐ WSW ☐ SWD ☐ Gas ☐ DH ☐ EOR	Producing Formation: Kelly Bushing:		
OG GSW Total Vertical Depth: Plug Back Total Depth: Amount of Surface Rine Set and Comented at:			
CM (Coal Bed Methane)			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?		
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet		
Operator:	If Alternate II completion, cement circulated from:		
Well Name:	feet depth to:w/sx cmt.		
Original Comp. Date: Original Total Depth:			
□ Deepening □ Re-perf. □ Conv. to EOR □ Conv. to SWD □ Plug Back □ Liner □ Conv. to GSW □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)		
Committed and Downit #	Chloride content: ppm Fluid volume: bbls		
☐ Commingled Permit #: ☐ Dual Completion Permit #:	Dewatering method used:		
SWD Permit #:	Location of fluid disposal if hauled offsite:		
EOR Permit #:	·		
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	Quarter Sec. Twp. S. R. East West		
Recompletion Date Recompletion Date	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 Approved by: Date:						

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Page Two

Operator Name:				Lease Name:			Well #:	
Sec Twp.	S. R.	Ea	st West	County:				
	lowing and shu	ıt-in pressures, w	hether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample
Samples Sent to G	eological Surv	ey	Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No					
		Re			New Used	ion, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
			ADDITIONAL	CEMENTING / SO	QUEEZE RECORD	l		
Purpose:		epth Ty Bottom	pe of Cement	# Sacks Used	Type and Percent Additives			
Protect Casii								
Plug Off Zon								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydraulic	fracturing treatment	_	_	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,
Date of first Producti Injection:	on/Injection or Re	esumed Production	/ Producing Meth	nod:	Gas Lift 0	Other <i>(Explain)</i>		
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			ON INTERVAL:
	_	on Lease	Open Hole			mmingled mit ACO-4)	Тор	Bottom
,	Submit ACO-18.)							
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record
TUBING RECORD:	Size:	Set /	At:	Packer At:				
. 5513 1200 10.	5120.		···	. 30.0.71				

Form	ACO1 - Well Completion
Operator	Kiowa Gas Company
Well Name	KASSON 1
Doc ID	1420043

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	12.25	8.625	32	73	OWC	9 lbs cello flake



PRESSURE PUMPING LLC PO Box 684, Chanute, KS 66720 620-431-9210 or 800-467-6678 FOREMAN PHANIE KS

FIELD TICKET & TREATMENT REPORT

DATE	CUSTOMER# V		MENT			1.8
		VELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
(2-7-17	545L Kas	son #1	NW 9	12	19	b6
mio	- America Ram	was the			三百五	
MAILING ADDRE	- American Rason	VERE THE	TRUCK#	DRIVER	TRUCK #	DRIVER
8150	4.0	way Ste 750	712	Fre Mad	804 .	Ar) Mc
TY	STATE	ZIP CODE	675	Har Bac		
· Dallas	Tx	3534		Ki Dex	-	
OB TYPE SU		75206 HOLED	253	Ala Mad		
ASING DEPTH				CASING SIZE &	WEIGHT 6-3	5
LURRY WEIGH				-	OTHER	_
ISPLACEMENT		THE STATE OF THE S	gal/sk	CEMENT LEFT II		4
EMARKS: 1				RATE HOP		
	7	exing. Rigup X			Mix bel y	4
Pomp	mud to da				Uplacy	
Run		and dole hale			Lixx Pur	40
	ks Classo A		el 23 Cal-	Lucy Chlo	ride 74th	Flo Sons
Central	* to Surface	Displace 1	% Casha	clean of	4.1 BBL	Water
Skut	The Carty.			the state of	7.7 0.00	1001071
	0					
705	D. 111			7 .	44 4	
103	- وحد النعط			Ful >	Maden	
ACCOUNT	***************************************					
CODE	QUANITY or UNITS	DESCRIPTIO	N of SERVICES or PR	DDUCT	UNIT PRICE	TOTAL
E0450		PUMP CHARGE		495	15000	1877
E ODG &	30 mi	MILEAGE	190	495	21400	
EDTH	Morrison	Ton Miles	Delivery	804	46000	
6002	30 mi	Eguipment	Milean	263	21450	
E0853	Hhrs	80 BBL V	Le Truck	675	40000	
E.2001	2 443		For RE	495	500€	
		77.00	Sub Tota		3444	
					1.008	27512
			he65 2	1010	6978	1791-
CISSOA	36585		enest.		72000	
C 5965	16-18	Bentonte	ach		4855	
C5325	16-18 ⁻⁴⁶ 6 5-46 9-47	Calcium C	Marida		Bre:	
C 6075	94	B Cedo Flo	ke		1000	
	The second secon		Sub	Total	130840	
			hess 2	10% -	26168	104672
		A comment				- m
				25%	SALES TAX	7850
n 2737					ESTIMATED	20.42
	92	8			TOTAL	39164
UTHORIZMON_	No Co. Rep: on 5:	See TITLE			DATE	(48955

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.