

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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EMENT

13439

ELMORE'S INC.

Box 87 - 776 HWY 99

Sedan, KS 67361

Cell: (620) 249-2519

Eve: (620) 725-5538

Date

4-16-18

Customer Suerte Oil & Gas LLC Phone 620-252-8390

Address 1580 CR 1425

City Manry State KS Zip 67361

Description	Price	Amount
SKS Cement	12.50	375.00
hr Pump	120.00	180.00
		\$ 555.00
	Tax	47.18
Duncan Dale #5		\$ 602.18
Cemented 40' of 8" ID		
To Surface with 30 SKS		
Cement		
#1061		
4-27-18		

Thank You - We appreciate your business!

Rec'd. by _____

NOTE: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



REMIT TO
 QES Pressure Pumping LLC
 Dept:970
 P.O.Box 4346
 Houston, TX 77210-4346

MAIN OFFICE
 P.O.Box884
 Chanute,KS 66720
 620/431-9210, 1-800/467-8676
 Fax 620/431-0012

Invoice Invoice# 813064

Invoice Date: 05/03/18 Terms: Net 30 Page 1

Suerte Oil & Gas LLC
 2140 S. US Highway 75
 Independence KS 67301
 USA
 520-205-0308

DUNCAN DALE #5

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	51.000	735.00
CE0002	Equipment Mileage Charge - Heavy Equipment	65.000	7.1500	51.000	227.73
CE0001	Equipment Mileage Charge - Light Equipment	65.000	3.0000	51.000	95.55
CE0710	Cement Delivery Charge	250.000	1.7500	51.000	214.38
CC5800A	Class A Cement - Sack	100.000	20.0000	51.000	980.00
CC5965	Bentonite	350.000	0.3000	51.000	51.45
CC5326	Sodium Chloride, Salt	500.000	1.0000	51.000	245.00
CC6077	Kolseal	450.000	0.5000	51.000	110.25
CC6079	PhenoSeal Formica Flakes	40.000	1.3500	51.000	26.46
CE1200	4 1/2" Cement Head	1.000	350.0000	51.000	171.50
CP8178	4 1/2" Top Rubber Plug	1.000	75.0000	51.000	36.75
CC5965	Bentonite	200.000	0.3000	51.000	29.40
CC6159W	City Water	5,460.000	0.0300	51.000	80.26
WE0853	80 BBL Vacuum Truck (Cement Services)	6.000	100.0000	51.000	294.00

Subtotal 6,730.05
 Discounted Amount 3,432.33
 SubTotal After Discount 3,297.72

Amount Due 7,000.59 If paid after 06/02/18

Tax: 132.56
 Total: 3,430.29



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 820-431-9210 or 800-467-8678

10478
 10408

TICKET NUMBER 54480
 LOCATION El Dorado
 FOREMAN Brad Butler

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-18	TATV	Ducan Date #5	5	35	13	Chautauque
CUSTOMER Suerte Oil & Gas			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 2140 S. US Hwy 75			760	Chris		
CITY Independence			713	Tracy		
STATE Ks.						
ZIP CODE						

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 761" CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 742" DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.3 SLURRY VOL. _____ WATER gal/sk _____ CEMENT LEFT in CASING 0"
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2" casing, pumped 12 Bbls water ahead 8 Bbl Gel Flush followed with 20 Bbls water. Mixed 90 sks Regular cement w/ chemicals at 14.3 ppg. Shut down - wash out pump & lines. Release Plug, Displacement Plug with 11 3/4 Bbls water. Signal pumping with 400psi - Load Plug w/ 800psi. Release Pressure - Float Held, closed casing w/ 2psi. Good cement returns with 5 Bbls to pit wait 20 minutes, fill topside up with cement = 10 sks. Job complete - Tear down.

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	65	MILEAGE	7.15	464.75
CE 0001	65	Pickup mileage	3.00	195.00
CE 0710	250 Ton	Bulk Truck charge	1.75	437.50
CC 5800A	100 sacks	Regular - class A cement	20.00	2000.00
CC 5965	350 lbs	Gel 4%	.30	105.00
CC 5326	500 lbs	Sodium Chloride (SALT) 10% water weight	1.00	500.00
CC 6077	450 lbs	KOL-SEAL 5 1/2 P/SK	.50	225.00
CC 6079	40 lbs	Pheno-SEAL 5 1/2 P/SK	1.35	54.00
GE 1200	1	4 1/2" cement Plug Container	350.00	350.00
CP 8178	1	4 1/2" Top Rubber Plug	75.00	75.00
CE 5965	200 lbs	Gel Flush	.30	60.00
CC 6159W	5460 gal	City water	.03	163.80
WE 0853	6 Hr	Water Truck	100.00	600.00
				6730.05
			5 1/2% discount	-3432.32
			Subtotal	3297.73
		8.5%	SALES TAX ESTIMATED	132.54
			TOTAL	3430.27

Revin 3737

AUTHORIZATION

[Signature]

TITLE

DATE

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.