

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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# HUGHES DRILLING REPORT

Well No. 3  
 Farm N. McMillan  
 SURFACE CASING  
 Size 7"  
 Feet 26.10  
 Circulated 9 sx cement

PERMANENT CSG.  
 Size 2 7/8 EWE  
 Feet 719.40  
 float shoe on bottom

OPERATOR Hughes Drilling

T. D. at Completion 740  
 Contractor HUGHES DRILLING CO.

Fr. Co., Kansas  
 1700 FSL 2445 FEL  
 API # 15-297-27188

S. 2. Twp 16 S R. 14 W. 20 E

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
5/24/18	0	2	Soil	① 21.5 - 21.5
26	2	23	clay	② 22.5 - 44.0
5/23/18	23	29	Shale	③ 22.5 - 66.5
5/28/18	29	53	Lime	④ 22.5 - 89.0
	53	60	Shale	⑤ 22.5 - 111.5
	60	70	Lime	⑥ 22.5 - 134.0
	70	76	Shale	⑦ 22.5 - 156.5
	76	95	Lime	⑧ 22.5 - 179.0
	95	102	Shale	⑨ 22.5 - 201.5
	102	104	Grassy sand	⑩ 22.5 - 224.0
	104	156	Shale	⑪ 22.5 - 246.5
	156	175	Lime	⑫ 22.5 - 269.0
	175	189	Shale	⑬ 22.5 - 291.5
	189	192	Lime	⑭ 22.5 - 314.0
	192	233	Shale	⑮ 22.5 - 336.5
	233	256	Lime	⑯ 22.5 - 359.0
	256	269	Shale	⑰ 22.5 - 381.5
	269	278	Lime (Broken 269-271)	⑱ 22.5 - 404.0
	278	305	Shale	⑲ 22.5 - 426.5
	305	316	Lime	⑳ 22.5 - 449.0
	316	337	Shale (lime 321-322)	㉑ 22.5 - 471.5
30'	337	361	Lime	㉒ 22.5 - 494.0
	361	371	Shale (stone 370-371)	㉓ 22.5 - 516.5
10'	371	393	Lime	㉔ 22.5 - 539.0
	393	398	Shale	㉕ 22.5 - 561.5
	398	401	Lime	㉖ 22.5 - 584.0
	401	404	Shale	㉗ 22.5 - 606.5

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Soil	2
21	clay	23
6	Shale	29
21	Lime	53
7	Shale	60
10	Lime	70
6	Shale	76
19	Lime	95
7	Shale	102
2	Gr. sand	104
52	Shale	156
19	Lime	175
14	Shale	189
3	Lime	192
41	Shale	233
23	Lime	256
13	Shale	269
9	Lime	278
27	Shale	305
11	Lime	316
21	Shale	337
30'	24	Lime 361
	10	Shale 371
20	22	Lime 393
	5	Shale 398
	3	Lime 401
	3	Shale 404
"Hertius"	5	Lime 409
157	Shale	566
2	Sandy lime	568
11	Shale	579
8	Lime	587
7	Shale	594
5	Lime	599
8	Shale	607
7	Lime	614
6	Shale	627
2	Lime	631
7	Shale	638
7	Lime	645
14	Shale	659

# HUGHES DRILLING REPORT

Fr Co., Kansas 1304  
 1700 FSL 2445 FEL  
 API # 15-059-27188

Well No. 3 SURFACE CASING PERMANENT CSG.  
 Farm N. McMillen Size..... Feet.....  
 Circulated \_\_\_\_\_ sx cement  
 OPERATOR Hughes Drilling T. D. at Completion 740  
 Contractor HUGHES DRILLING CO.

STRATA THICKNESS	FORMATION DRILLED	T.D.
2	Lime	661
10	Shale	671
#2 Squirrel 16	oil sand	687
20	Shale	707
1	Lime	708
11	Shale	719
#2 Squirrel 13	Sand	732
8	Shale	740
		T.D.

DATE	DRILLED		REMARKS - TYPE WORK - BILLING REF.	PIPE TALLY
	FROM	TO		
"H2" "H4"	404	409	Lime	(28) 22.5 - 629.0
	409	566	Shale (Broken 414-416) (Broken Lime 521-523)	
	566	568	Lime (sandy oil odor)	(29) 22.5 - 651.5
	568	579	Shale	(30) 22.5 - 674.0
	579	587	Lime	(31) 22.5 - 696.5
	587	594	Shale	(32) 22.5 - 719.0
	594	599	Lime	
	599	607	Shale	
	607	614	Lime	
	614	629	Shale	
	629	631	Lime (Brown)	
	631	638	Shale	
	638	645	Lime (Broken)	
	645	659	Shale	
	659	661	Lime	
	661	671	Shale	
#2 Squirrel	671	687	oil sand (remarks pg 3)	
5-24-18 G.R.S.	687	707	Shale	
	707	708	Lime	
	708	719	Shale	
#2 Squirrel	719	732	sand (LT. Brown sand) (oil trace) (solid 727-728)	
	732	740	Shale	
			T.D.	

5/24/18 - set 719, 40' of 2 7/8" Bro Edge pipe (used)  
 used 3 centralizers  
 Float shoe on bottom

# HUGHES DRILLING CO.

Pg. 3

Wellsville, Kansas 66092

Roger 913-883-2295  
Darrel 913-883-4027

Ron 913-883-4655  
Clay 913-883-4383

CORE TIME  
LEASE N. McMillen #3  
FORMATION #1 Squirrel  
DATE: 5/24/18

(REF) Chip Sample

	FROM	FEET TO	TIME	MINUTES	REMARKS
①	671	672	}		sand very laminar, w/shale (some bleed)
②	672	673			
③	673	674			
④	674	675			
⑤	675	676			
⑥	676	677			
⑦	677	678	-		sand laminar, w/shale (bleeding)
⑧	678	679	}		solid sand (good bleed)
⑨	679	680			
⑩	680	681			
⑪	681	682			
⑫	682	683			678-683
⑬	683	684			683-686
⑭	684	685	}		sand laminar w/shale (bleeding)
⑮	685	686			
⑯	686	687	-		sand very laminar w/shale (bleeding)
⑰	687	688			
⑱	688	689			

(Best Perf Zone)  
677-686 ECH  
3 shots per ft  
120° phase



PRESSURE PUMPING LLC  
 PO Box 884, Chanute, KS 66720  
 620-431-0210 or 800-467-8676

SM - 10773  
 PO - 16779  
 FT - 10663

TICKET NUMBER 54020  
 LOCATION Ottawa  
 FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT  
 CEMENT

Invoice #81325A

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-27-18	3425	N. McMiller 3	SE 2	16	20	Fr
CUSTOMER Hughes Drilling			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 122 Main			730 / Alan Mader Safety Meet			
CITY STATE ZIP CODE Wellsville KS 66792			467 / Kp: Car			
			503 / Thurber			

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 710 CASING SIZE & WEIGHT 2 7/8  
 CASING DEPTH 719 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
 DISPLACEMENT 4.18 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Hold meeting. Established rate. Mixed & pumped 100# gel followed by 87 sk Poz Blend I-A plus 29 gal + 1/2# flo seal per sack. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float

Hughes water Eric

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467 1500 <sup>00</sup>	
CE0002	15	MILEAGE	467 107.25	
CE0711	min	ten miles	503 660 <sup>00</sup>	
		sub	2267 <sup>35</sup>	
		less 40%	-906 <sup>90</sup>	1360 <sup>45</sup>
CE5840	87	Poz Blend I-A	1174 <sup>55</sup>	
CE5965	246#	gel	73 <sup>70</sup>	
CE6075	22#	flor seal	44 <sup>00</sup>	
CP8176	1	2 1/2 plug	45 <sup>00</sup>	
		sub	1387 <sup>00</sup>	
		less 40%	-534.92	802 <sup>08</sup>
		8	SALES TAX	64 <sup>19</sup>
			ESTIMATED TOTAL	2226 <sup>92</sup>
				(3711 <sup>53</sup> )

AUTHORIZATION \_\_\_\_\_ 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.