

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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CHARGE TO: American Warrior Inc  
 ADDRESS:  
 CITY, STATE, ZIP CODE

TICKET 27396  
 PAGE 1 OF

SERVICE LIMITATIONS: #3-13-118188 Dale Benke  
 1. Hays, KS  
 2. Abbe City, KS  
 3. Chase Well  
 4. Referral Location: D-1  
 WELLS/PROJECT NO.: #3-13-118188  
 LEASE: Dale Benke  
 COUNTY/PARISH: Rice  
 STATE: KS  
 CITY: Location  
 DATE: 9-14-18  
 OWNER:  
 ORDER NO.:  
 TICKET TYPE:  SERVICE  SALES  
 CONTRACTOR: Chase Well  
 RIG NAME/NO.:  
 WELLS CATEGORY: Refractor  
 JOB PURPOSE: Perf Severe  
 WELLS PERMIT NO.:  
 WELLS LOCATION:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE Trk #111	70	mi			5.00	350.00
548					Pump Charge - Deep Severe	1	EP			1300.00	1300.00
290					D-Air	1	cu			42.00	42.00
325					Standard Cement	25	skt			13.00	325.00
581					Service Charge Cement	45	skt			1.31	59.00
582					Minimum Drayage	1	EA			250.00	250.00
					SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
					OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					3048	
					WE UNDERSTOOD AND MET YOUR NEEDS?					25	
					OUR SERVICE WAS PERFORMED WITHOUT DELAY?					25	
					WE OPERATED THE EQUIPMENT AND PERFORMED JOB SATISFACTORILY?					25	
					ARE YOU SATISFIED WITH OUR SERVICE?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		25	
					<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					25	
					TOTAL					3258.00	

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.  
 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 X  
 DATE SIGNED: TIME SIGNED:  A.M.  P.M.  
 SWIFT OPERATOR: David Edgerton  
 APPROVAL: [Signature]  
 REMIT PAYMENT TO: SWIFT SERVICES, INC. P.O. BOX 466 NESS CITY, KS 67560 785-798-2300  
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 9-14-18 PAGE NO.

CUSTOMER American Warrior WELL NO. 3-13 118180 LEASE Dale Beneke JOB TYPE Perf 302 TICKET NO. 27396

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							On location
								2 3/8 x 5 1/2 Perfs - 3310 - 14 Per - 3228
	1120		7			500		1000 @ Psi Backside
	1130	2				1000		Take injection rate
	1135	2	15			1000		pump cmr - 75 stg @ 15.5 <sup>r14</sup> wash P/L
	1150	1	0			200		START Disp
	1200		10			2000		stage
	1215		10.5			2200		stage
	1230		11.0			2500		stage
	1240		11.5			2700		stage
	1305		11.5			2700		stage - Holding
	1310							Release Psi - Dry
		2.5	20					Reverse Out
	1325					<del>5000</del>		Pull 5 Joints
	1335					500		Pressure up & shut in
								Thanks David Zook & Kirby



CHARGE TO: American Leasing  
 ADDRESS:  
 CITY, STATE, ZIP CODE

RECEIVED  
 JUN 22 2011  
 KCC WICHITA

TICKET  
 19662  
 PAGE 1 OF 2

1. SERVICE LOCATIONS: NAVS WELLS PROJECT NO. 3-43 LEASE Dave Borene COUNTY/PARISH Rice STATE LA CITY NEW CHASS DATE 05-03-11 OWNER  
 2. NESS TICKET TYPE AS SERVICE CONTRACTOR Dave Borene RIG NAME/NO. June 8 SHIPPED VIA CT DELIVERED TO NEW CHASS ORDER NO.  
 3. WELLS TYPE D/L WELL CATEGORY Development JOB PURPOSE LODGING WELLS PERMIT NO. 45-58-2644 WELL LOCATION 537-R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QUANTITY			UNIT PRICE	TOTAL AMOUNT
		LOC	ACT	DF		QTY.	UM	QTY.		
575					MILEAGE	70	mi		5.00	350.00
578					Pump Service	1	ea		1400.00	1400.00
221					LIBRARY	2	lib		25.00	50.00
281					MUD PUMP	500	gal		1.00	500.00
290					DIAM	1	dia		35.00	35.00
402					CONCRETE	6	ea	5%	65.00	390.00
403					BATTERY	1	ea		230.00	230.00
406					LARCENOUS RIG & BARGE	1	ea		225.00	225.00
407					TRUSS PARTS/SHORE WAREHOUSE	1	ea		300.00	300.00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS  
 DATE SIGNED 05-03-11 TIME SIGNED 02:30  
 A.M.  P.M.

REMIT PAYMENT TO:  
 SWIFT SERVICES, INC.  
 P.O. BOX 466  
 NESS CITY, KS 67560  
 785-798-2300

SURVEY		UN-DECIDED	DIS-AGREE	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3480.00
WE UNDERSTOOD AND MET YOUR NEEDS?				4382.43
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				7862.43
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				380.33
ARE YOU SATISFIED WITH OUR SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO			8242.46
TOTAL				46

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.  
 SWIFT OPERATOR Dave Borene APPROVAL  
 Thank You!





