#### KOLAR Document ID: 1424805

Confident	tiality 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 Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
OilWSWSWD GasDHEOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
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	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	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 #:	Location of huld disposal if native offsite.
GSW     Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. 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 III Approved by: Date:					

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 (Attach Additional Sh	acate)	Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Use	d		Type and	Percent Additives	
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	MPLE	TION:		PRODUCTIC Top	DN INTERVAL: Bottom
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	юр	Bollom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Bobcat Oilfield Service, Inc.
Well Name	CAYOT 33-18
Doc ID	1424805

# Casing

	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	8.750	6	10	6	Portland	5	50/50 POZ
Production	5.625	2.875	8	712	Thixatropi c	60	50/50 POZ

L	ell # 620	-363-2683		Offi	ce # 620-3	63-2696		i i
Surface		Cemented:	Hole Size					Well #: 33-18
20' of 6 Longst		5 Sacks Cemented:	8 <sup>3</sup> / <sub>4</sub> " Hole Size	<u>.</u>			1	Location: NW,SW,SE,SW, S24-T16- R21E
712' of		Hurricane	5 5/8"	·.			ŀ	County: Miami
8 round							ŀ	FSL: 413
					V	Valle		FEL: 3806
SN: 682	2'	Packer:			V	Vell L	og <sub>†</sub>	API#: 15-121-31509-00-00
Plugge	d.	Bottom P	lua				ŀ	Started: 9-28-18
i lugge	u.	Dottom	rug.				ł	Completed: 10-3-18
TD: 731				Lease:	Cayot			
			1	Owner:		t Oilfield S	ervices Inc	-
				OPR #:	3895			
				Contractor:	30.02900 BAC	JACKSON	PRODUCTION	-
				OPR #:	4339	_		
TKN	втм	Formation	1		TKN	BTM	Formation	
1	Depth 1	Top Soil			61	Depth 537	Shale	
12	13	Clay			3	540	Shale (limey)	
2	15	Clay (Lime	•		18	558	Shale	
9	24	Lime (Clay	/ strks)		9	567	Lime	
6 5	30 35	Lime Black Shal	e		43	610 613	Shale Lime	
5 11	35 46	Lime			7	620	Shale	
11	57	Sandy Sha	ale		11	631	Sandy (slight o	dor)
17	74	Lime			3	634	Lime	
6	80	Shale			3	637	Coal	
5 16	85 101	Red Bed Shale			10	647 656	Shale Lime (shaley)	
15	116	Lime			5	661	Shale	
40	156	Sandy Sha	ale		3	664	Lime	
50	206	Shale			3	667	Shale	
5	211	Shaley lim	e		5	672 678	Lime Shale (limey)	
15 7	226 233	Lime			5	683	Shale (iimey)	
4	237	Sand Shal	e		1	684	Shale (oil sand	strks)
8	245	Sand (dry)	1		3	687	Oil sand (some	e strks) (good bleed)
8	253	Sand Shal			6	693	Oil Sand (fait b	
7	260 266	Light Shale	e		3	696 701	Oil Sand (some Shale (oil sand	e shale) (poor bleed)
6 1	266	Lime			TD	701	Shale	Survey
7	274	Shale				1		
12	286	Shale Lime						
10	296	Sand (wate	er)				-	
10 4	306 310	Lime Limey Sha	le					
4	310	Shale						
9	336	Lime					Surface 9/28/1	8 Set Time 1:00 pm
3	339	Shale					Called in 11:34	am, Talked to Brooke
14	353	Lime Black Sho			_			2' 2 7/8 8 round, TD 731' pm, Hurricane cemented
4 8	357 365	Black Sha Shale	le					pm, Hurricane cemented
8 19	365	Lime					10/03/18	
5	389	Black Sha	le		_			
4	393	Lime						
4	392	Shale						
5 34	402 436	Lime Shale						
34 15	436	Snale Sand (taki	na fluid)				-	
	476	Sona (colu				_		

#### TREATMENT REPORT

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## **HURRICANE SERVICES INC**

Customer: Bobcat Oil	Date:	10/3/2018	Ticket #:	ICT 1445
Field Rep:				
Address:				
City, State:				
County, Zip:				

Field Order No.:		Open Hole:	5.875" 731'	Perf Depths (ft)	Perfs
Well Name:	Kayot 33-1	Casing Depth:			
Location:		Casing Size:			
Formation:		Tubing Depth:	712'		
Type of Service:	Longstring	Tubing Size:	2 7/8		
Well Type:	Oil	Liner Depth:			
Age of Well:	New	Liner Size:			
Packer Type:		Liner Top:			
Packer Depth:		Liner Bottom:			
Treatment Via:	Tubing	Total Depth:			
				Total Perfs	0

tal Perfs

FLUID	HCL	PROP		SURF	PRESS	N RATE	INJECTIO	
(bbis)	(gls)	(lbs)	REMARKS	ANNULUS	STP	N2/CO2	FLUID	TIME
			On location safety meeting. Spot in and rig up					
			Hook up to well head					
1.0			Break circulation		100.0		2.0	
5.0			Pump mudflush		100.0		2.0	
5.0			Pump dyed water		100.0		2.0	
19.9			Mix and pump cement		150.0		2.0	
			Stop					
10.0			Wash pump and lines					
			Drop plug					
4.1			Displace		200.0		2.0	
			Bump plug		1,200.0		0.5	
			Shut in					
			Wash up pump					
45.1		÷	TOTAL:			LI		

SUMMARY							
Max FI, Rate Avg FI, Rate Max PSI Avg PS							
2.0	1.8	1,200.0	308.3				

PRODUCTS USED

60 sacks thixatropic

Treater: Kevin Noeller

Customer: