

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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SPUD DATE: 6-29-18
 FINISH DATE:
 LEASE: Geiger
 LEASE OPERATOR: Utah Oil LLC
 WELL: KO-11
 API: 15-059-27178
 SEC: 7 TWP: 17 RNG: 21
 COUNTY: Franklin
 DRILLERS NAME: Brad
 RIG #: 1



2394 UTAH ROAD
 RANTOUL, KS 66079

SURFACE: SIZE BIT 9 7/8 LENGTH 50' SIZE 7" CEMENT 11 sacks
 DRILL BIT SIZE 5 7/8 LENGTH 639.2 SIZE 2 7/8 BAFFLE 31.75 Baffle at
 TD _____ CORED _____ 607.45

FORMATIONS	THICKNESS	FROM	TO	FORMATION	THICKNESS	FROM	TO
Clay soil	0	0	36	Shale		506	509
Shale		36	48	lime		509	510
lime		48	64	Shale		510	511
Coal		64	65	Sand some bleed		511	514
lime		65	70	Broken sand bleed		514	518
Shale		70	94	Shale		518	559
Shale		94	135	Oil sand		559	562
lime		135	146	Oil sand 80%		562	566
Shale		146	149	Oil sand 80%		566	568
lime		149	153	mostly shale little sand		568	570
Shale		153	165	Shale		570	574
lime		165	190	Shale		574	578
Shale		190	197	Oil sand		578	582
lime		197	199	Badly broken sand		582	586
Shale		199	204	Shale		586	654
lime		204	220				
Shale		220	224				
lime Hertha		224	235				
Shale		235	391				
lime		391	404				
sandy shale		404	410				
Broken White sand		410	424				
Shale		424	450				
lime		450	457				
Shale		457	469				
lime		469	472				
Shale		472	482				
lime		482	486				
Shale		486	497				
lime		497	499				
lime Bleeding		499	506				



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

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

Invoice# 813641

Invoice Date: 07/18/18 Terms: Net 30 Page 1

Kingman Oil LLC
 2394 Utah Road
 Rantoul KS 66079
 USA
 785-214-9472

GEIGER KO-11

Part No	Description	Quantity	Unit Price	Discount(%)	Total
CE0450	Cement Pump Charge 0 - 1500'	1.000	1,500.0000	45.000	825.00
CE0002	Equipment Mileage Charge - Heavy Equipment	15.000	7.1500	45.000	58.99
CE0711	Minimum Cement Delivery Charge	1.000	660.0000	45.000	363.00
WE0853	80 BBL Vacuum Truck (Cement Services)	2.000	100.0000	45.000	110.00
CC5840	Poz-Blend I A (50:50)	79.000	13.5000	45.000	586.58
CC5965	Bentonite	233.000	0.3000	45.000	38.45
CC6079	PhenoSeal Formica Flakes	40.000	1.3500	45.000	29.70
CP8176	2 7/8" Top Rubber Plug	1.000	45.0000	45.000	24.75

*Paid
7/22*

Subtotal 3,702.65
 Discounted Amount 1,666.19
 SubTotal After Discount 2,036.46

Amount Due 3,801.48 If paid after 08/17/18

Tax: 54.36
 Total: 2,090.83



PRESURE PUMPING LLC
PO Box 884, Cheyenne, WY 82001
320-437-4210 or 307-467-4676

SM-11127
PO-17375
FT-11014

TICKET NUMBER 54068
LOCATION Ottawa
FOREMAN Alan Maker

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #813641

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-11-87	7542	Geiger KD11	NE 7	17	21	FR
CUSTOMER: Kluger P.I.			TRUCK #			
MAILING ADDRESS: 2394 Utah Rd			DRIVER			
CITY: Laramie			TRUCK #			
STATE: KS			DRIVER			
ZIP CODE: 66079			TRUCK #			
JOB TYPE: <u>long string</u>			DRIVER			
CASING DEPTH: <u>639</u>			TRUCK #			
SLURRY WEIGHT			DRIVER			
DISPLACEMENT			TRUCK #			
HOLE SIZE: <u>5 7/8</u>			DRIVER			
HOLE DEPTH: <u>654</u>			TRUCK #			
DRILL PIPE			DRIVER			
TUBING			TRUCK #			
SLURRY VOL			DRIVER			
WATER gal/sk			TRUCK #			
CEMENT LEFT in CASING: <u>yes</u>			TRUCK #			
DISPLACEMENT PSI: <u>800</u>			TRUCK #			
MIX PSI: <u>200</u>			TRUCK #			
RATE: <u>4 bpm</u>			TRUCK #			
REMARKS: <u>Hold meeting, Established rate. Mixed + pumped 100# gel followed by 79 sk Poz Blend I-A plus 29# gel, 1/2# pre-seal per sack. Circulated cement. Flushed pump. Pumped plug to baffle. Well held 80D PST. Set float.</u>						

Alan Maker

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1505.00
CE0002	15	MILEAGE	467	10725.00
CE0711	Mile	maton miles	804	660.00
WE0853	2	80vac	675	200.00
			sub	2467.25
			Leas 45%	-1110.26
				1356.99
CC3840	79	Poz Blend I-A		1026.50
CC5965	233#	gel		69.90
CC6079	40#	Pre-seal		34.00
CP8176	1	2 1/2 plug		43.00
			sub	1235.40
			Leas 45%	-555.95
				679.45

SCANNED
7-12 AM

Ravin 3737

AUTHORIZATION Brad Leach TITLE _____

SALES TAX 8% 543.6
ESTIMATED TOTAL 2090.82
DATE 3801.48

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.

STATE OF KANSAS



CORPORATION COMMISSION
CONSERVATION DIVISION
266 N. MAIN ST., STE. 220
WICHITA, KS 67202-1513

PHONE: 316-337-6200
FAX: 316-337-6211
<http://kcc.ks.gov/>

GOVERNOR JEFF COLYER, M.D.

SHARI FEIST ALBRECHT, CHAIR | JAY SCOTT EMLER, COMMISSIONER | DWIGHT D. KEEN, COMMISSIONER

November 02, 2018

BRAD LEACH
Utah Oil LLC
2394 UTAH RD
RANTOUL, KS 66079

Re: ACO-1
API 15-059-27178-00-00
GEIGER KO-11
SW/4 Sec.07-17S-21E
Franklin County, Kansas

Dear BRAD LEACH:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/24/2018 and the ACO-1 was received on November 01, 2018 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department