

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) (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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Miami County, KS
 Well: Schmitt I-55
 Lease Owner: R.T. Enterprises

Town Oilfield Service, Inc.
 (913) 837-8400

Commenced Spudding:
 10/30/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-25	Soil-Clay	25
7	Shale	32
18	Lime	50
2	Shale	52
22	Sand	74
13	Shale	87
6	Lime	93
33	Shale	126
15	Lime	141
11	Shale	152
27	Lime	179
10	Shale	189
17	Lime	206
3	Shale	209
3	Lime	212
2	Shale	214
10	Lime	224 Hertha
23	Shale	247
30	Sand	277 No oil
59	Shale	336
8	Sand	344 Gas
25	Shale	369
25	Sand	394 Broken-slight oil show
16	Shale	410
8	Lime	418
29	Shale	447
9	Lime	456
13	Shale	469
4	Lime	473
13	Shale	486
5	Lime	491
16	Shale	507
5	Lime	512
13	Shale	525
1	Lime	526
96	Shale	622
1	Lime	623
6	Shale	629
13	Sand	642 Broken - good Oil show
78	Shale	720 TD

Short Cuts

TANK CAPACITY

BBLs. (42 gal.) equals $D^2 \times 14xh$
D equals diameter in feet.
h equals height in feet.

BARRELS PER DAY

Multiply gals. per minute x 34.2

HP equals $BPH \times PSI \times .0004$

BPH - barrels per hour

PSI - pounds square inch

TO FIGURE PUMP DRIVES

* D - Diameter of Pump Sheave

* d - Diameter of Engine Sheave

SPM - Strokes per minute

RPM - Engine Speed

R - Gear Box Ratio

*C - Shaft Center Distance

D - $RPM \times d$ over $SPM \times R$

d - $SPM \times R \times D$ over RPM

SPM - $RPM \times D$ over $R \times d$

R - $RPM \times D$ over $SPM \times d$

BELT LENGTH - $2C + 1.57(D + d) + \frac{(D-d)^2}{4C}$

* Need these to figure belt length

TO FIGURE AMPS: $\frac{WATTS}{VOLTS} = AMPS$

746 WATTS equal 1 HP

Log Book

Well No. I-55

Farm Schmitt

KS Miami
(State) (County)

11 17 22
(Section) (Township) (Range)

For R.T. Enterprises
(Well Owner)

Thickness of Strata	Formation	Total Depth	Remarks
0-25	soil-clay	25	
7	shale	32	
18	lime	50	
2	shale	52	
22	sand	74	
13	shale	87	no oil
6	lime	93	
33	shale	126	
15	lime	141	
11	shale	152	
27	lime	179	
10	shale	189	
17	lime	206	
3	shale	209	
3	lime	212	
2	shale	214	
10	lime	224	Hardly
23	shale	247	
30	sand	277	no oil
59	shale	336	
8	sand	344	gas
25	shale	369	
25	sand	394	broken - slight oil show
16	shale	410	
8	lime	418	
29	shale	447	
9	lime	456	



PRESSURE PUMPING LLC
 PO Box 884, Chanute, KS 66720
 620-431-9219 or 800-467-8676

11923
 11803

TICKET NUMBER 55521

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/31/18	5954	Schmitt # I-55	SE 11	17	22	M1
CUSTOMER L+L Energy c/o Ojeuroc Energy LLC			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			DRIVER			
CITY Louisburg			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66053			TRUCK #			
			DRIVER			

JOB TYPE <u>Long String</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>720'</u>	CASING SIZE & WEIGHT <u>2 1/8" EVE</u>
CASING DEPTH <u>712'</u>	DRILL PIPE	TUBING <u>baffle - 1682'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT IN CASING <u>30'</u>
DISPLACEMENT <u>3.25 bbls</u>	DISPLACEMENT PSI	MIX PSI	RATE <u>4 bpm</u>

REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 100 sks Portland IA cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/8" rubber plug to baffle w/ 3.25 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

Handwritten signature/initials

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	150.00	
CE0002	—	MILEAGE	—	
CE0711	1/2 min	ton mileage	330.00	
WE0853	1.5 hrs	80 Vac	150.00	
		trucks	1980.00	
		-40%	792.00	
		Subtotal		1188.00
CC5840	102 sks	Portland IA cement	1377.00	
CC591A5	371 #	Gel	111.20	
CP8176	1	2 1/8" rubber plug	45.00	
		materials	1533.30	
		-40%	613.32	
		Subtotal		919.95
		8%	SALES TAX	73.60
		ESTIMATED TOTAL		2181.58

Revised 3/27
 AUTHORIZATION No Co Rep TITLE _____ DATE (3635.96)

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.