

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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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Miami County, KS
Well: Schmitt 59
Lease Owner: R.T. Enterprises

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

Commenced Spudding:
10/29/2018

WELL LOG

Thickness of Strata	Formation	Total Depth
0-23	Soil-Clay	23
16	Lime	39
4	Shale	43
22	Sand	65 No Oil
13	Shale	78
6	Lime	84
32	Shale	116
15	Lime	131
11	Shale	142
26	Lime	168
7	Shale	175
22	Lime	197
4	Shale	201
3	Lime	204
6	Shale	210
5	Lime	215 Hertha
25	Shale	240
17	Sand	257 No oil
33	Sandy Shale	290
38	Shale	328
6	Sand	334 Gas
2	Sandy Shale	336
23	Shale	359
26	Sand	385 Broken-slight oil show
17	Shale	402
8	Lime	410
7	Shale	417
2	Lime	419
19	Shale	438
10	Lime	448
12	Shale	460
3	Lime	463
14	Shale	477
5	Lime	482
16	Shale	498
5	Lime	503
13	Shale	516
1	Lime	517
87	Shale	604
1	Lime	605

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 x PSI x .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 - RPMxd over SPMxR

d - SPMxRxD over RPM

SPM - RPMXD over RxD

R - RPMXD over SPMxD

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

* Need these to figure belt length

$$\frac{\text{WATTS}}{\text{VOLTS}} = \text{AMPS}$$

TO FIGURE AMPS:

746 WATTS equal 1 HP

Log Book

Well No. 59

Farm Schmitt

KS
(State)

Miami
(County)

11
(Section)

17
(Township)

22
(Range)

For R. T. Enterprises

(Well Owner)

Thickness of Strata	Formation	Total Depth	Remarks
0-23	soil-clay	23	
16	lime	39	
4	shale	43	
22	sand	65	
13	shale	78	no oil
6	lime	84	
32	shale	116	
15	lime	131	
11	shale	142	
26	lime	168	168
7	shale	175	
22	lime	197	
4	shale	201	
3	lime	204	
6	shale	210	
5	lime	215	Hertha
25	shale	240	
17	sand	257	no oil
33	sandy shale	290	
38	shale	328	
6	sand	334	gas
2	sandy shale	336	
23	shale	359	
26	sand	385	broken - slight oil show
17	shale	402	
8	lime	410	
7	shale	417	

417

Thickness of Strata	Formation	Total Depth	Remarks
2	Lime	419	
19	Shale	438	
10	Lime	448	
12	Shale	460	
3	Lime	463	
14	Shale	477	
5	Lime	482	
16	Shale	498	
5	Lime	503	
13	Shale	516	
1	Lime	517	
87	Shale	604	
1	Lime	605	
3	Shale	608	
1	Lime	609	
6	Shale	615	
1	Lime	616	
5	Shale	621	
5	sand	626	broken - odor - no oil show
5	shale	631	
2	sand	633	broken - good oil show
5	sand	638	solid - good saturation
10	sand	648	no oil
72	shale	720	TD



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9218 or 800-467-8678

11922
11802

TICKET NUMBER 55520
LOCATION Ottawa, KS
FOREMAN Casoy Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/31/18	5954	Schnitt # 59	SE 11	17	22	MI
CUSTOMER L+L Energy c/o Ojuroc Energy LLC			TRUCK #			
MAILING ADDRESS 120 Shoreline Dr			DRIVER			
CITY Louisburg			TRUCK #			
STATE KS			DRIVER			
ZIP CODE 66053			TRUCK #			
			DRIVER			

JOB TYPE log string HOLE SIZE 6 3/4" HOLE DEPTH 720' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 700' DRILL PIPE _____ FUBING bottle - 670' OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30'
DISPLACEMENT 10.69 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 #
Gel followed by 5 bbls fresh water, mixed & pumped 4 bbls dye marker,
mixed & pumped 102 sks Pozblend 1A cement w/ 2% gel per sk,
dye marker to surface, flushed pump clean, pumped 4 1/2" rubber plug to
bottle w/ 10.69 bbls fresh water, cement to surface, pressured to 800 PSI,
released pressure to set ball & spring float shoe.

GA

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	25 mi	MILEAGE	178.75	
CE0711	1/2 min	ton mileage	330.00	
WE0853	1.5 hrs	80 lhr	150.00	
		trucks	2158.75	
		- 40%	863.50	
		subtotal		1295.25
18528 CC5840	102 sks	Pozblend 1A cement	1377.00	
CE965	371	Ge	111.30	
CP8178	1	4 1/2" rubber plug	75.00	
		materials	1563.90	
		- 40%	1025.32	
		subtotal		957.98
		8%	SALES TAX	75.04
		ESTIMATED TOTAL		2308.27
				3847.11

Revin 3737
AUTHORIZATION No Co Rep 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.