

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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McGOWAN

DRILLING, INC.

Mound City, KS

620.224.7406

Well #				Casing			
BARKIS #SB-1				Surface		Longstring	
S & B OPERATING LLC				Size:	7.0 "	Size:	2 7/8 "
				Tally:	22.55 '	Tally:	740.7 '
API #:	15-121-31500	S-T-R:	17-16-24E	Cement:	4 sx	Bit:	5.875 "
County:	Miami	Date:	11/2/2018	Bit:	9.875 "	Date:	11/8/2018
Top	Base	Formation	Top	Base	Formation		
0	2	Soil					
2	5	Lime & Rock	596	669	Shale		
5	16	Clay	669	678	Sand		
16	26	Lime	678	745	Sandy Shale		
26	26	Lime	745		TD		
26	64	Sandy Shale					
64	74	Lime					
74	110	Shale					
110	132	Lime					
132	147	Shale					
147	158	Lime					
158	161	Shale					
161	171	Sandy Shale					
171	186	Shale					
186	191	Lime					
191	229	Shale					
229	239	Lime					
239	255	Shale					
255	279	Lime					
279	285	Shale					
285	306	Lime					
306	310	Shale					
310	326	Lime					
326	349	Shale					
349	352	Sand					
352	354	Limy Sand					
354	523	Shale					
523	526	Lime					
526	531	Shale					
531	534	Lime					
534	538	Shale					
538	545	Lime					
545	566	Shale					
566	570	Lime					
570	579	Shale	710.3		Baffle		
579	582	Lime					
582	588	Shale					
588	596	Lime					
			Total Depth:	745			

Sand / Core Detail		
Core #1:	Core #2:	

349	352	Slight odor.
669	674.5	Good odor, laminated sand.
674.5	678	Soft sand, had bleed, no laminate.



PRESSURE PUMPING LLC
PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

11998
11879

TICKET NUMBER 55525
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 814544

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/9/18	7381	Barkis # SB-1	NW 17	16	24	M1
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
S+B Operating LLC			729	Car Ken	729	Sally Matting
MAILING ADDRESS			467	Kei Car		
9393 W. 110th St. Ste. 500			503	Ab Mad		
CITY	STATE	ZIP CODE	675	Kei Det		
Overland Park	KS	66210				

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 745' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 740' DRILL PIPE _____ TUBING baffle - 710' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 30'
 DISPLACEMENT 4.11 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation, mixed + pumped 100 # Gel followed by 5 bbls fresh water, mixed + pumped 79 sks Thixblend II cement w/ 1# Pheno seal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 4.11 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

Handwritten signature

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	35 mi	MILEAGE	250.25	
CE0711	min	ten mileage	1000.00	
WE0853	2 hrs	50 vac	200.00	
		trucks	2610.25	
		-48%	1252.92	
		Subtotal		1357.33
CC5801	79 sks	Thixblend II cement	2133.00	
CC5965	100 #	Gel	30.00	
CC6079	79 #	Pheno seal	106.65	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2314.65	
		-48%	1111.03	
		Subtotal		1203.62
		8%		96.29
		SALES TAX		96.29
		ESTIMATED TOTAL		2657.24
				(5110.07)

SCANNED

Rev 3737

Tanner Butler by phone

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.