

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

DRILL LOG

Operator License# 30176

API # 15-121-31495-00-00

Operator _____ Hodges Oil

Lease Alan Schendel

Address 12600 Sherwood St., Leawood, KS

Well # 19

Contractor JTC Oil, Inc.

Spud Date 9/4/18 Cement 9-12-18

Contractor License 32834

Location _____ of _____

T.D. 740 T.D. of Pipe 710

_____ feet from _____

Surf. Pipe Size 7" Depth 150 ft.

_____ feet from _____

CEMENT BY QES
Kind of Well Production

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
6	soil	0	6	5	lime	249	254
9	lime	6	15	27	black shale	254	281
6	shale	14	21	13	lime	281	294
10	lime	21	31	18	shale	294	312
12	shale	31	43	25	lime	312	337
15	lime	43	58	12	coal	337	349
29	shale	58	87	19	lime	349	368
16	lime	87	103	5	coal	368	373
94	shale	103	197	13	lime	373	386
18	lime	197	215	166	shale	386	552
24	shale	215	249	6	lime	552	558

<u>34</u>	shale	558	592
<u>10</u>	lime	592	602
<u>12</u>	shale	602	614
<u>4</u>	lime	614	618
<u>10</u>	coal	618	628
<u>12</u>	lime	628	640
<u>8</u>	shale	640	648
<u>2</u>	lime	648	650
<u>6</u>	shale	650	656
<u>2</u>	lime	656	658
<u>2</u>	shale	658	670
<u>1</u>	oil sand	670	671
<u>1</u>	oil sand	671	672
<u>2</u>	oil sand	672	674 v good
<u>1</u>	oil sand	674	675 good
<u>1</u>	oil sand	675	676 good
<u>2</u>	oil sand	676	678 good
<u>2</u>	oil sand	678	670
<u>40</u>	oil sand	670	710
<u>30</u>		710	740

COMPING LLC
Chanute, KS 66720
210 or 800-467-8676

11871
11458

TICKET NUMBER 54227
LOCATION OTTAWA, Ks.
FOREMAN Brad Butler

**FIELD TICKET & TREATMENT REPORT
CEMENT**

Invoice #81414

CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-18 6917	Alan Schendel #19	NW 25	16	21	Miami
CUSTOMER Resource Management, Inc.		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 7538		467 /	Keith /		Jimmy
CITY	STATE	ZIP CODE	548 /	Harold /	
Overland Park	Ks.	66211	675 /	Keith D. /	
			702 /	Brad /	

JOB TYPE Logstring HOLE SIZE 5 7/8" HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" or 710" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0"
 DISPLACEMENT 4 Bbls DISPLACEMENT PSI 225 MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to Tubing - ran wire line into well Tagged Float show at 710"
Rig up to Tubing, pumped 5 Bbls water ahead, 6 Bbls gel flush followed with 10 Bbls water spacer.
Mixed 97 SKS. 50/50 Pozmix cement w/ 22 gel & 1/2 lb PYSK of Pheno-SEAL. Shut down
washout Pump & Lines - drop Rubber Plug, displace Plug with 4 Bbls water. Final pumping at 225psi
Land Plug with 850 psi wait a few minutes - Release Pressure, Float Held
Job complete with good cement returns - 4 Bbls cement slurry to pit

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	20	MILEAGE	7.15	143.00
CE 0711	M/C	Bulk Truck charge	660.00	660.00
WE 0853	2	Water Truck	100.00	200.00
CC 5840	97 SKS	50/50 Pozmix cement	13.50	1309.50
CC 5965	163 lbs	Gel 22	.30	48.90
CC 6079	48 lbs	Pheno-Seal 1/2 lb PYSK	1.35	64.80
CP 8176	1	2 7/8" Top Rubber Plug	45.00	45.00
CC 5965	150 lbs	Bentonite - Gel Flush	.30	45.00

Sub TOTAL

Discount 45%

SCANNED

8%

SALES
ESTIMA
TOTAL

AUTHORIZATION em. Alan M. for sign. 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.

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

January 16, 2019

GREG HODGES

Resource Management, Inc. dba Hodges Oil
12600 SHERWOOD ST
LEAWOOD, KS 66209-6620

Re: ACO-1

API 15-121-31495-00-00
ALAN SCHENDEL 19
NW/4 Sec.25-16S-21E
Miami County, Kansas

Dear GREG HODGES:

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 9/4/2018 and the ACO-1 was received on January 16, 2019 (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