

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](mailto: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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# DRILL LOG

Operator License# 30176

API # 15-121-31494-00-00

Operator        Hodges Oil

Lease Alan Schendel

Address 12600 Sherwood St., Leawood, KS

Well # S12

Contractor JTC Oil, Inc.

Spud Date 8/23/18 Cement 9/4/18

Contractor License 32834

Location \_\_\_\_\_ of \_\_\_\_\_

T.D. 740 T.D. of Pipe 717

\_\_\_\_\_ feet from \_\_\_\_\_

Surf. Pipe Size 7" Depth ft. 20 ft.

\_\_\_\_\_ feet from \_\_\_\_\_

*A SACKS 1A CEMENT TO SURFACE*  
Kind of Well Injection

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
<u>2</u>	soil	0	2	<u>7</u>	coal	206	213
<u>1</u>	clay	2	3	<u>22</u>	shale	213	235
<u>3</u>	lime	3	6	<u>8</u>	lime	235	243
<u>5</u>	clay	6	11	<u>23</u>	shale	243	266
<u>17</u>	lime	11	28	<u>14</u>	lime	266	280
<u>5</u>	shale	28	33	<u>44</u>	shale	280	324
<u>15</u>	lime	33	48	<u>9</u>	coal	324	335
<u>12</u>	shale	48	60	<u>20</u>	lime	335	355
<u>15</u>	lime	60	75	<u>4</u>	coal	355	359
<u>111</u>	shale	75	186	<u>13</u>	lime	359	372
<u>20</u>	lime	186	206	<u>158</u>	shale	372	530

<u>13</u>	<u>lime/shale</u>	<u>530</u>	<u>543</u>
<u>6</u>	<u>lime</u>	<u>543</u>	<u>549</u>
<u>33</u>	<u>shale</u>	<u>549</u>	<u>582</u>
<u>7</u>	<u>lime</u>	<u>582</u>	<u>589</u>
<u>16</u>	<u>black shale</u>	<u>589</u>	<u>605</u>
<u>4</u>	<u>lime</u>	<u>605</u>	<u>609</u>
<u>17</u>	<u>black shale</u>	<u>609</u>	<u>626</u>
<u>15</u>	<u>lime</u>	<u>626</u>	<u>641</u>
<u>11</u>	<u>shale</u>	<u>641</u>	<u>652</u>
<u>2</u>	<u>lime</u>	<u>642</u>	<u>654</u>
<u>5</u>	<u>shale</u>	<u>654</u>	<u>659</u>
<u>2</u>	<u>oil sand</u>	<u>659</u>	<u>661 broke</u>
<u>3</u>	<u>oil sand</u>	<u>661</u>	<u>664 ok</u>
<u>2</u>	<u>oil sand</u>	<u>664</u>	<u>666 good</u>
<u>3</u>	<u>oil sand</u>	<u>666</u>	<u>669 v good</u>
<u>2</u>	<u>oil sand</u>	<u>669</u>	<u>671</u>
<u>2</u>	<u>oil sand</u>	<u>671</u>	<u>637</u>
<u>67</u>	<u>shale</u>	<u>637</u>	<u>740</u>



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

11507  
11398

TICKET NUMBER 55439

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT  
CEMENT

INVOICE # 814041

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9/4/18	6917	Alan Schendel # S-12	Nw 25	16	21	M
CUSTOMER Resource Management Inc.						
MAILING ADDRESS PO Box 7538						
CITY Overland Park		STATE KS	ZIP CODE 66211			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			729	Casey Ken	✓ Safety Meeting	
			467	Kei Car	✓	
			804	Napoleon Rodriguez	✓	
			675	Kei Det	✓	

JOB TYPE long string HOLE SIZE 5 7/8" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE  
 CASING DEPTH 717' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT 4.15 bbls DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: held safety machine, established circulation, mixed + pumped 200 # Gel followed by 5 bbls fresh water, mixed + pumped 99 sks + 2 blend IA cement w/ 2% gel + 1/2 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.15 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure to set float valve.

*Signature*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002		MILEAGE		
CE0711	1/2 min	van mileage	330.00	
WE0853	1 hr	80 Vac	100.00	
		trucks	1930.00	
		-45%	868.50	
		Subtotal		1061.50
CC5840	99 sks	Portland IA cement	1336.50	
CC5965	366 #	Gel	109.80	
CC6079	50 #	Phenoseal	67.50	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1558.80	
		-45%	701.46	
		Subtotal		857.34
<b>SCANNED</b>				
		8%	SALES TAX	68.59
			ESTIMATED TOTAL	1987.43

Ravin 3737

AUTHORIZATION No Co Rep TITLE \_\_\_\_\_ DATE (3613.50)

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 15-121-31494-00-00  
ALAN SCHENDEL S12  
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 8/23/2018 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