

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 _____

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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DRILL LOG

Operator License# 30176

API # 15-121-31493-00-00

Operator Holdges Oil

Lease Alan Schendel

Address 12600 Sherwood St., Leawood, KS

Well # S10

Contractor JTC Oil, Inc.

Spud Date 8/28/18 Cement 9/4/18

Contractor License 32834

Location _____ of _____

T.D. 740 T.D. of Pipe 720

_____ feet from _____

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

_____ feet from _____

A SACKS IA CEMENT TO SURFACE
Kind of Well Injection

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil	0	2	9	coal	221	230
4	clay	2	6	20	shale	230	250
15	lime	6	21	8	lime	250	258
5	shale	21	26	23	shale	258	281
18	lime	26	44	12	lime	281	293
4	shale	44	48	21	shale	293	314
16	lime	48	64	26	lime	314	340
31	shale	64	95	6	coal	340	346
12	lime	95	107	24	lime	346	370
95	shale	107	202	4	coal	370	374
19	lime	202	221	13	lime	374	387

<u>190</u>	shale	<u>387</u>	<u>557</u>
<u>6</u>	lime	<u>557</u>	<u>563</u>
<u>33</u>	shale	<u>563</u>	<u>596</u>
<u>6</u>	lime	<u>596</u>	<u>602</u>
<u>17</u>	black shale	<u>602</u>	<u>619</u>
<u>3</u>	lime	<u>619</u>	<u>622</u>
<u>28</u>	black shale	<u>622</u>	<u>650</u>
<u>5</u>	lime	<u>650</u>	<u>655</u>
<u>6</u>	shale	<u>655</u>	<u>661</u>
<u>2</u>	coal	<u>661</u>	<u>663</u>
<u>10</u>	shale	<u>663</u>	<u>673</u>
<u>2</u>	oil sand	<u>673</u>	<u>675</u>
<u>2</u>	oil sand	<u>675</u>	<u>677</u>
<u>2</u>	oil sand	<u>677</u>	<u>679</u>
<u>2</u>	oil sand	<u>679</u>	<u>681 v good</u>
<u>2</u>	oil sand	<u>681</u>	<u>683 good</u>
<u>57</u>	shale	<u>683</u>	<u>740</u>



PRESSURE PUMPING LLC

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

11508
11399

TICKET NUMBER 55440

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 814042

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY			
9/4/18	6917	Alan Schendel # S-10	NW-25	16	21	MU			
CUSTOMER Resource Management Inc									
MAILING ADDRESS PO Box 7538									
CITY Overland Park		STATE KS	ZIP CODE 66211						
		TRUCK #		DRIVER		TRUCK #		DRIVER	
		729		Casher		Safety		Meeting	
		467		KeiCar					
		548		Napoleon Rodriguez					
		675		KeiDet					

JOB TYPE logstring HOLE SIZE 5 7/8" HOLE DEPTH 740' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 720' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.16 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safely, meeting, established circulation, mixed & pumped 200 # Gel followed by 5 bbls fresh water, mixed & pumped 99 sks Pozblend IA cement w/ 2% gel + 1/2 # Phenoseal per sks, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing JD w/ 4.16 bbls fresh water, pressured to 500 PSI, well held pressure for 30 min MIT, 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		MILEAGE		
CE0711	1/2 min	ton mileage	330.00	
WE0853	1 hr	80 Vac	100.00	
		trucks	1930.00	
		-45%	868.50	
		subtotal		1061.50
CC5840	99 sks	Pozblend 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
SCANNED				
		8%	SALES TAX	68.59
			ESTIMATED TOTAL	1987.49

Ravin 3737

AUTHORIZATION No Co Rep TITLE _____ DATE (3013.50)

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 15-121-31493-00-00
ALAN SCHENDEL S10
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 8/28/2018 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