

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

121169
 12049

TICKET NUMBER 55528
 LOCATION Chanute, KS
 FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 814718

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/11/18	7381	Barkis # SB-3	NW 17	16	24	MI
CUSTOMER St B Operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 6340 Glenwood, Ste 103, Bldg 7			729	✓ Casken	✓ Safety Meeting	
CITY STATE ZIP CODE Overland Park KS 66202			495	✓ HarBec	✓	
			804	✓ AlaMadly	✓	
			369	✓ KeiDet	✓	
JOB TYPE <u>long string</u>	HOLE SIZE <u>5 5/8"</u>	HOLE DEPTH <u>710'</u>	CASING SIZE & WEIGHT <u>2 7/8" EUE</u>			
CASING DEPTH <u>701'</u>	DRILL PIPE _____	TUBING <u>battle - 669'</u>	OTHER _____			
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING _____			
DISPLACEMENT <u>4.06 bbls</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>4 bpm</u>			

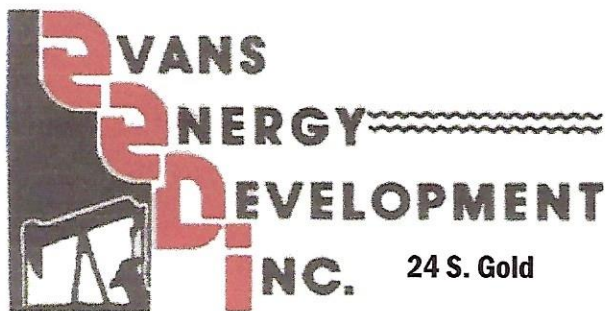
REMARKS: held safety meeting, established circulation, mixed + pumped 200# Gel followed by 5 bbls fresh water, mixed + pumped 68' stc. Thixoblend II cement w/ 1# PhenoSeal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.06 bbls fresh water, pressured to 800 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	660.00	
WE0853	2 hrs	80 Vac	200.00	
		trucks	2610.25	
		- 48%	1252.92	
		subtotal		1357.33
8916 CC5861	68 stc	Thixoblend II cement	1836.00	
CC5965	200 #	Gel	60.00	
CC6079	68 #	PhenoSeal	91.80	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	2032.80	
		- 48%	975.74	
		subtotal		1057.06
		8%		
		SALES TAX		84.56
		ESTIMATED TOTAL		2498.96

AUTHORIZATION *[Signature]* TITLE _____ DATE 8/05/17

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.



24 S. Gold

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

S & B Operating LLC

Barkis #SB-3

API #15-121-31,502

December 10 - December 11, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
16	soil & clay	16
6	shale	22
5	lime	27
34	shale	61
29	lime	90
15	shale	105
11	lime	116
30	shale	146
4	lime	150
40	shale	190
9	lime	199
16	shale	215
25	lime	240
9	shale	249
20	lime	269
3	shale	272
4	lime	276
1	shale	277
12	lime	289 Base of the Kansas City
5	shale	294
1	lime	295
8	shale	303
3	broken sand	306 Badly broken, 20% sand 80% shale light oil show
107	shale	413
2	silty shale	415
5	sand	420 grey sand, no odor
64	shale	484
8	lime	492
10	shale	502
8	lime	510
18	shale	528
4	lime	532 brown, light oil show
2	shale	534
1	coal	535
5	shale	540
6	lime	546
4	shale	550
10	lime	560

29	shale	589
2	lime	591
2	shale	593
1	coal	594
27	shale	621
1	lime & shells	622
7	shale	629
1	lime & shells	630
2	silty shale	632
1	broken sand	633 50% shale 50% brown sand, ok bleeding
1	oil sand	634 brown sand, good bleeding
1	broken sand	635 80% brown sand 20% shale, good bleeding
6.5	oil sand	641.5 brown sand, good bleeding
31.5	shale	673
1	coal	674
9	shale	683
1	lime	684
11	shale	695
1	sand	696 grey hard
15	shale	711 TD

Drilled a 9 7/8" hole to 22.4'

Drilled a 5 5/8" hole to 711'

Set 22.4' of 7" surface casing threaded and coupled, cemented with 5 sacks cement.

Set 701.25' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and baffle
Baffle set at 668.4'

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
632		46
633		35
634		28
635		31
636		34
637		54
638		35
639		39
640		45
641		36
642		41
643		40
644		40
645		39
646		43
647		36
648		34
649		33
650		33
651		31