

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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12173
12084

TICKET NUMBER 55530

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

Invoice #814721

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12/12/18	7381	Barkis # SB-9	NW 17	16	24	M1
CUSTOMER S + B Operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 9393 W. 110th St, Ste 500			729 Casken Safety Meeting			
CITY STATE ZIP CODE Overland Park KS 66210			467 KeiCar			
			804 AlaMad			
			675 KeiDet			
JOB TYPE	HOLE SIZE	HOLE DEPTH	CASING SIZE & WEIGHT			
Long string	5 5/8"	726'	2 7/8" EUE			
CASING DEPTH	DRILL PIPE	TUBING	OTHER			
716'		baffle - 683'				
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
			32'			
DISPLACEMENT	DISPLACEMENT PSI	MIX PSI	RATE			
3.95 bbs			4 bpm			
REMARKS: held safety meeting, established circulation, mixed + pumped 200 # Gel followed by 5 bbs fresh water, mixed + pumped 68 sks Thixoblend II cement w/ 1 # Phenoseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to baffle w/ 3.95 bbs fresh water, pressured to 800 PSI, released pressure to set float valve.						

PTH

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	for mileage	600.00	
WE0853	2 hrs	80 vac	200.00	
		trucks	2610.25	
		- 48%	1252.92	
		Subtotal		1357.33
CC5861	68 sks	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		1075.06
SCANNED				
		SALES TAX		84.57
		ESTIMATED TOTAL		2498.96

Ravin 3737

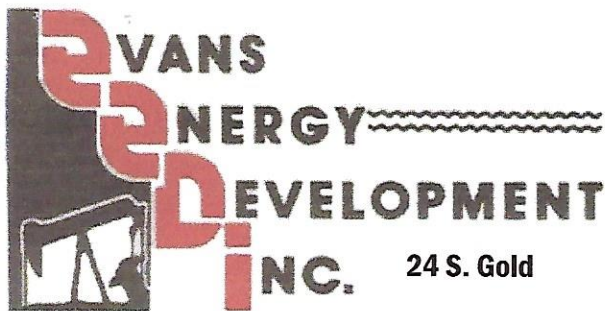
AUTHORIZATION

TITLE

DATE

(4805.67)

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-9

API #15-121-31,567

December 11 - December 12, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
6	soil & clay	6
8	shale	14
10	lime	24
58	shale	82
15	lime	97
1	shale	98
12	lime	110
13	shale	123
11	lime	134 making little water
8	shale	142
2	lime	144
21	shale	165 redbed
4	lime	169
13	shale	182
1	lime	183
25	shale	208
9	lime	217
17	shale	234
25	lime	259 oil show
7	shale	266
21	lime	287
2	shale	289
17	lime	306 base of the Kansas City
3	shale	309
2	lime	311
8	silty shale	319
4	broken sand	323 grey sand & shale/light oil show
106	shale	429
7	sand	436 hard grey sand, no odor, no show
62	shale	498
7	lime	505
2	shale	507
5	lime	512
7	shale	519
7	lime	526
18	shale	544
4	lime	548
2	shale	550
1	coal	551

4	shale	555
5	lime	560
5	shale	565
2	lime	567
2	shale	569
6	lime	575
9	shale	584
1	lime	585
5	shale	590
1	lime	591
14	shale	605
1	coal	606
32	shale	638
1	lime & shells	639
8	shale	647
1	silty shale	648
2	broken sand	650 25% brown sand, 75% shale, light bleeding gassy
5	oil sand	655 soft course gravel, brown sand, good bleeding
2.5	silty shale	657.5
0.5	broken sand	658 25% brown sand, 75% shale, light bleeding gassy
4	silty shale	662
36	shale	698
1	lime	699
27	shale	726 TD

Drilled a 9 7/8" hole to 21.5'
 Drilled a 5 5/8" hole to 726'

Set 21.5' of 7" surface casing threaded and coupled, cemented with 6 sacks cement.

Set 716' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and baffle
 Baffle set at 683.25'

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
648		45
649		33
650		44
651		43
652		45
653		45
654		40
655		32
656		36
657		39
658		40
659		38
660		40
661		39
662		38
663		34
664		39
665		36
666		37
667		39