

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

11467  
 11356

TICKET NUMBER 55433  
 LOCATION Ottawa/K1  
 FOREMAN Jim Green

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

**Invoice #813994**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
08-28-18	7381	Shannon SB 3	NW 14	25	17	Allen
CUSTOMER S & B Operating Inc.			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 6340 Glenwood Suv 103 Bldg #7			669 Jim Green			
CITY STATE ZIP CODE Overland Park KS 66202			495 Cas Green			
JOB TYPE <u>Longstring</u> HOLE SIZE <u>5 7/8"</u> HOLE DEPTH <u>1100'</u> CASING SIZE & WEIGHT <u>2 7/8"</u>			675 Matt Decker			
CASING DEPTH <u>1097'</u> DRILL PIPE <u>1068'</u> TUBING _____ OTHER _____			558 Alameda			
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING <u>yes</u>			DISPLACEMENT <u>6.21</u> DISPLACEMENT PSI <u>300</u> MIX PSI <u>200</u> RATE <u>46ppm</u>			
REMARKS: <u>Held safety meeting mix and pump 100' Premium G</u> <u>mix and pump 140' 5/8" Thixo II 1/2" Pheno seal. Flush pump</u> <u>clear of cement. Pump 2 7/8" rubber plug to total depth</u> <u>casing. Pressure up to 606 PSI well held good set slow</u>						

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	One	PUMP CHARGE	1500	
CE0002	40	MILEAGE Pump Trk	286	
CE0710	min	For miles	6600	
NE0853	3 1/2	80 vac	350	
		Sub	2796	
		less 40%	-1118	1677
CC5861	140 SK	Thixo II	3780	
CC6079	70	Pheno seal	945	
CC5965	100	Premium G	30	
CP8176	One	2 7/8" Rubber Plug	450	
		Sub	3949	
		less 40%	-1579	2369
		SALES TAX 7.75%		183
		ESTIMATED TOTAL		4230

**SCANNED**

Havin 3737

AUTHORIZATION No Rep TITLE \_\_\_\_\_ DATE 7051591

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



# McGOWAN DRILLING, INC.

Mound City, KS  
620.224.7406

Well #				Casing			
<b>Shannon #SB3</b>				Surface		Longstring	
<b>S&amp;B Operating, LLC</b>				Size:	7.0 "	Size:	2 7/8 "
				Tally:	21.65 '	Tally:	1098.5 '
API #:	15-001-31558	S-T-R:	14-25S-17E	Cement:	5 sx	Bit:	5.875 "
County:	Allen	Date:	8/16/2018	Bit:	9.875 "	Date:	8/27/2018
Top	Base	Formation		Top	Base	Formation	
0	2	Soil		1049	1052	Sand	Good oil show, good sat.
2	10	Clay		1052	1053	Lime	Shaley
10	127	Shale		1053	1059	Sand	Congl., wet, poor bleed
127	148	Lime		1059	1102	Sandy Shale	
148	159	Shale		1102		TD	
159	207	Lime					
207	250	Shale				Baffle: 1068.65'	
250	254	Lime					
254	290	Shale					
290	360	Lime					
360	377	Shale					
377	433	Lime					
433	588	Shale					
588	590	Lime					
590	617	Shale					
617	626	Lime					
626	640	Shale					
640	642	Lime					
642	658	Sandy Shale					
658	687	Shale					
687	688	Lime					
688	690	Shale					
690	721	Lime					
721	748	Shale					
748	768	Lime					
				Sand / Core Detail			
768	773	Shale		Core #1:	804-822'	Core #2:	1042-1062'
773	778	Lime		803	805	Lamin sand, slight bleed in samples	
778	803	Shale		805	810	Sand / sandy shale, fair bleed	
803	812	Sand		810	812	Lamin sand, fair bleed	
812	824	Sandy Shale				Good bleed to pit next morning after breaking circulation	
824	926	Shale					
926	926.5	Lime					
926.5	1017	Shale		1042	1049	Sandy shale	
1017	1030	Sand		1049	1052	Sand - good show of heavy oil, well saturated	
1030	1033	Sand				Good porosity, good dissolved gas	
1033	1042	Sand		1052	1053	Limey shale	
1042	1049	Sandy Shale		1053	1059	Sand & congl., good porosity, very little bleed	
				<b>Total Depth: 1102</b>		back, likely very wet.	