

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
--	---

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
---	---	------------------------------------

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:	
----------------	-------	---------	------------	--

Rig 6 Drilling Company, Inc

670 Soldier Rd
Bronson, KS 66716

Bud Sifers, President
620-365-9897
iolasifers74@att.net

COMPANY: James Production Inc
ADDRESS: 1334 Grouse Rd
Yates Center, KS 66783

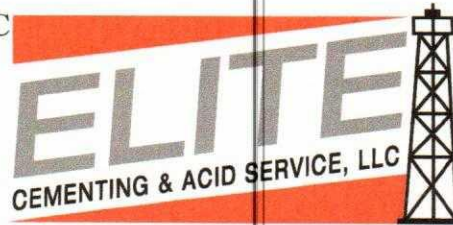
LEASE: Vernon Fee
COUNTY: Woodson
LOCATION: 1430' FNL - 2090'FEL
6-24-15e

COMMENCED: 8/9/2018
COMPLETED: 8/22/2018
WELL #: 9
API#: 15-207-29648
STATUS: Oil Well
TOTAL DEPTH: 1,584' -4 1/2"
CASING: 42'-8 5/8" cmt w/ 12 sx

DRILLER'S LOG

14	Top Soil	1265	SH
35	Limestone (LS)	1273	LS
56	LS w/ Shale (SH) Brks	1304	SH
61	LS	1321	LS w/SH Strks
83	SH	1396	SH
94	LS	1407	LS
163	SH	1427	SH
185	LS	1434	LS
341	SH w/LS Strks	1449	SH
598	LS w/SH Strks	1452	LS
626	SH	1454	SH (Blk Coal (CO)
658	LS w/Sh Brks	1472	SH Gry
721	SH	1474	LS
755	LS	1493	SH
769	SH	1496	CO
824	LS w/SH Strks	1512	SH
832	SH	1531	LS (Miss) Very GO-GS
836	LS	1537	LS (Miss) Very GO-GS
911	SH	1542	LS
929	LS	1552	LS Fair to Lt Odor-Show
952	SH	1559	LS
958	LS (Hard)	1562	LS NO-NS (soft)
964	SH	1582	LS
967	LS (Hard)	1584	LS NO-NS (soft)
983	SH	1590	LS
987	LS		
1142	SH w/LS Strks	1590'	T.D.
1145	Sand (SA) GO-GS	Run 1574'	4 1/2 Csg - Elite Cement
1148	SH Lite odor		

Elite Cementing & Acidizing of KS, LLC
 810 E 7th, PO Box 92
 Eureka, KS 67045



Date	Invoice #
8/23/2018	4083

Bill To	
James Production 1334 Grouse Road Yates Center, KS 66783	
Customer ID#	1078

Job Date	8/22/2018
Lease Information	
Vernon Fee #9	
County	Woodson
Foreman	KM

Item	Description	Qty	Terms	Net 15
			Rate	Amount
C102	Cement Pump-Longstring	1	1,100.00	1,100.00
C107	Pump Truck Mileage (one way)	35	4.20	147.00
C203	Pozmix Cement 60/40	125	13.40	1,675.00T
C206	Gel Bentonite	645	0.21	135.45T
C208	Pheno Seal	250	1.30	325.00T
C201	Thick Set Cement	60	20.50	1,230.00T
C208	Pheno Seal	120	1.30	156.00T
C206	Gel Bentonite	500	0.21	105.00T
C214	Cottonseed Hulls	45	0.50	22.50T
C108B	Ton Mileage-per mile (one way)	303.8	1.40	425.32
C403	4 1/2" Top Rubber Plug	1	48.00	48.00T
C653	4 1/2" Flapper Type Float Shoe	1	251.00	251.00T
C114	Transport	3	115.00	345.00
C224	City Water	5,000	0.01	50.00T
D101	Discount on Services		-100.86	-100.86
D102	Discount on Materials		-199.90	-199.90T

We appreciate your business!

Phone #	Fax #	E-mail
620-583-5561	620-583-5524	rene@elitecementing.com

Send payment to:
 Elite Cementing & Acidizing of KS, LLC
 PO Box 92
 Eureka, KS 67045

Subtotal	\$5,714.51
Sales Tax (7.5%)	\$284.85
Total	\$5,999.36
Payments/Credits	\$0.00
Balance Due	\$5,999.36

810 E 7TH
 PO Box 92
 EUREKA, KS 67045
 (620) 583-5561



Cement or Acid Field Report
 Ticket No. **4083**
 Foreman Kevin McCoy
 Camp EUREKA

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State	
8-22-18	1078	VERNON Fee #9	6	24S	15E	Woodson	Ks	
Customer	Mailing Address	City	State	Zip Code	Unit #	Driver	Unit #	Driver
JAMES PRODUCTION	1334 Grouse Rd	Yates Center	Ks	66783	105	DAVE G.		
					110	JASON H.		
					113	STEVE M.		
					140 T147	KEVIN M.		
					120 P.U.	CALEB G.		

Job Type Longstring Hole Depth 1593' G.L. Slurry Vol. 40 BBL LEAD 19 BBL TAIL Tubing _____
 Casing Depth 1574.25' G.L. Hole Size 6 3/4" Slurry Wt. 12.7# - 13.8# Drill Pipe _____
 Casing Size & Wt. 4 1/2 11.60# Cement Left in Casing 0' Water Gal/SK _____ Other _____
 Displacement 25 BBL Displacement PSI 700 Bump Plug to 1100 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 4 1/2 casing. Pump 500* Gel Flush w/ HULLS = 18 BBL SLURRY VOL. Use Rig 6 DRIG's mud pump to circulate Gel to surface to clean up well bore before cementing. Rig up cement head. Mixed 125 SKS 60/40 Pozmix Cement w/ 6% Gel, 2* PhenoSeal/sk @ 12.7#/gal, yield 1.79 = 40 BBL SLURRY. TAIL IN w/ 60 SKS THICK Set Cement w/ 2* PhenoSeal/sk @ 13.8#/gal, yield 1.75 = 19 BBL SLURRY. Wash out pump & lines. Shut down. Release Plug. Displace Plug to seat w/ 25 BBL Fresh water. FINAL Pumping Pressure 700 PSI. Bump Plug to 1100 PSI. Wait 2 mins. Release Pressure. Float Held. Good Cement Returns to surface = 8 BBL SLURRY to Pit. Job Complete. Rig down.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1100.00	1100.00
C 107	35	Mileage	4.20	147.00
C 203	125 SKS	60/40 Pozmix Cement	13.40	1675.00
C 206	645 "	Gel 6% } Lead Cement	.21	135.45
C 208	250 "	PhenoSeal 2*/sk	1.30	325.00
C 201	60 SKS	THICK Set Cement } TAIL Cement	20.50	1230.00
C 208	120 "	PhenoSeal 2*/sk	1.30	156.00
C 206	500 *	Gel Flush	.21	105.00
C 214	45 "	Hulls	.50	22.50
C 108	8.68 TONS	Ton Mileage .35	1.40	425.32
C 403	1	4 1/2 Top Rubber Plug	48.00	48.00
C 653	1	4 1/2 Flapper Valve Float Shoe	251.00	251.00
C 114	3 HRS	Water Transport	115.00	345.00
C 224	5000 gals	City water	10.00/1000	50.00
			Sub Total	6015.27
			Less 5%	315.76
			Sales Tax	299.85
			Total	5999.36

Authorization witnessed By JIM VERNON Title _____

I agree to the payment terms and conditions of services provided on the back of this job ticket. Any amendments to payment terms must be in writing on the front of this job ticket or in the Customer's records at ELITE's office.