

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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Form	ACO1 - Well Completion
Operator	River Rock Operating, LLC
Well Name	KEPLEY FARMS 34-3
Doc ID	1433049

All Electric Logs Run

Gamma Ray
Induction
Neutron
Resistivity
Cement Bond Log/CCL

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



Cement or Acid Field Report

Ticket No. **4325**
 Foreman Kevin McCoy
 Camp EUREKA

API # 15-205-28473

Date	Cust. ID #	Lease & Well Number	Section	Township	Range	County	State
1-9-19	1261	Kepley FARMS #34-3	34	285	17E	WILSON	KS
Customer <u>River Rock Operating</u>			Safety Meeting KM AM CG	Unit # 104	Driver ALAN M.	Unit #	Driver
Mailing Address <u>211 North Robinson St. 200</u>				114	CALEB G.		
City <u>OKLAHOMA City</u>	State <u>OK</u>	Zip Code <u>73102</u>					

Job Type LONGSTRING Hole Depth 1425' Slurry Vol. 54 BBL Tubing _____
 Casing Depth 1418' Hole Size 7 7/8 Slurry Wt. 13.7 # Drill Pipe _____
 Casing Size & Wt. 5 1/2 17 # Cement Left in Casing 0' Water Gal/SK 9.0 Other _____
 Displacement 33.9 BBL Displacement PSI 900 Bump Plug to 1400 PSI BPM _____

Remarks: SAFETY Meeting: Rig up to 5 1/2 CASING. BREAK CIRCULATION w/ 15 BBL FRESH WATER. MIXED 185 SKS THICK SET CEMENT w/ 1" PHENOSEAL /SK @ 13.7 #/GAL, YIELD 1.64, = 54 BBL SLURRY. WASH OUT PUMP & LINES. SHUT DOWN. RELEASE PLUG. DISPLACE PLUG TO SEAT w/ 33.9 BBL FRESH WATER. FINAL PUMPING PRESSURE 900 PSI. BUMP PLUG TO 1400 PSI. WAIT 2 MINS. RELEASE PRESSURE. FLOAT HEID. SHUT CASING IN @ 0 PSI. 1 BBL CEMENT SLURRY TO PIT. JOB COMPLETE. RIGDOWN.

Code	Qty or Units	Description of Product or Services	Unit Price	Total
C 102	1	Pump Charge	1100.00	1100.00
C 107	.50	Mileage	4.20	210.00
C 201	185 SKS	THICK SET CEMENT	20.50	3792.50
C 208	185 #	PHENOSEAL 1" /SK	1.30 #	240.50
C 108 B	10.18 TONS	TON MILEAGE 50 miles	1.40	712.60
C 404	1	5 1/2 Top Rubber Plug	74.00	74.00
			Sub Total	6129.10
			Less 5%	319.80
			Sales Tax 6.5%	266.96
Authorization <u>[Signature]</u> Title _____			Total	6076.26

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.

HAT DRILLING
 12371 KS HWY 7
 MOUND CITY, KS 66056
 LICENSE # 33734

Kepley Farms #34-3

SPUD DATE 1-4-19

Footage	Formation	Thickness	
			Set 25' 8 5/8' 6 Sacks Cement, Cmt to Surface
2	soil	2	TD 1425'
4	clay	2	Ran 1418' of 5 1/2 on 1-9-19
6	lime	2	
8	shale	2	
10	lime	2	
25	sand	15	
28	sandy lime	3	
29	shale	1	
38	sand	9	
59	shale	21	
61	lime	2	
85	shale	24	
103	sand	18	
192	lime	89	
227	shale	35	
311	lime	84	w/ shale streaks
375	shale	64	
378	lime	3	
410	shale	32	
422	lime	12	
507	shale	85	
554	lime	47	
583	shale	29	
607	lime	24	
611	coal	4	
620	lime	9	
623	coal	3	
628	lime	5	Top Cherokee
691	shale	63	
694	coal	3	
704	shale	10	
708	coal	4	
1017	shale	309	
1268	lime	251	Miss
1317	shale	49	
1425	lime	108	Arbuckle