

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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11 Lewis Drive

Paola, KS 66071

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

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

L & P Enterprises, LLC

Donner #D34

API#15-121-31,499

September 12 - September 13, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
5	soil & clay	5
4	lime	9
13	shale	22
31	lime	53
4	shale	57
5	lime	62
1	shale	63
13	lime	76
91	shale	167
18	lime	185
5	shale	190
4	lime	194
20	shale	214
6	lime	220
37	shale	257
13	lime	270
16	shale	286
25	lime	311
9	shale	320
23	lime	343 oil show
3	shale	346
6	lime	352
3	shale	355
6	lime	361
21	shale	382
5	silty shale	387
4	sand	391 brown & green, ok oil show, gassy
4	broken sand	395 brown sand laminated with shale, light bleeding, gassy
3	silty shale	398
76	shale	474
1	limy sand	475 hard grey sand, no show
3	broken sand	478 grey sand & shale, light oil show
52	shale	530
8	lime	538 50% brown sand, 50% green shale, gassy
6	shale	544
3	lime	547
25	shale	572
7	lime	579

14	shale	593
4	lime	597
2	shale	599
1	coal	600
11	shale	611
3	lime	614
14	shale	628 623 red bed
4	lime	632
13	shale	645
5	silty shale	650
2.5	oil sand	652.5 brown sand, good bleeding, gassy
1	lime	653.5
2.5	oil sand	656 brown sand, good bleeding, gassy
6.5	broken sand	662.5 20% brown sand 80% shale, ok bleeding
6.5	silty shale	669
53	shale	722 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 722'

Set 22' of 7" surface casing cemented with 5 sacks of cement

Set 712' of 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp

Core Times		
	<u>Minutes</u>	<u>Seconds</u>
650		50
651		41
652	1	14
653	1	33
654		41
655		31
656		37
657		37
658		45
659		31
660		46
661		57
662		40
663		45
664		52
665		48
666		55
667		51
668		45
669		47



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

TICKET NUMBER 54229

LOCATION Ottawa, Ks

FOREMAN Brad Butler

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-18	4828	DONNER D #34	NW 5	17s	22E	Miami
CUSTOMER LSP Enterprises, LLC						
MAILING ADDRESS 29975 Indianapolis Rd						
CITY Paola		STATE Ks.	ZIP CODE 66071			
TRUCK #		DRIVER		TRUCK #		DRIVER
467		Keith				Jimmy
548		Harold				
675		Keith D.				
702		Brad				

JOB TYPE Logstring HOLE SIZE 5 7/8" HOLE DEPTH 721' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" or 712" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0'
 DISPLACEMENT 4 Bbls DISPLACEMENT PSI 200 MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8", pumped 5 Bbls water ahead, 4 Bbl gel flush followed with 5 Bbls water spacer. Mixed 87 sacks 50/50 Pozmix cement w/ 22 gal = 1/2 lb. P/SK of Pheno-SEAL. Shut down Washout Pump + Lines - Drop Rubber Plug, displace Plug with 4 Bbls water. Signal pumping at 200 psi. Land Plug with 700 psi. wait a few minutes - Release Pressure, Float Hold. Job complete with good cement returns = 4 Bbls slurry to pit.

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0450	1	PUMP CHARGE	1500.00	1500.00
CE 0002	20	MILEAGE	7.15	143.00
CE 0711	1/2 m/c	Bulk Truck charge	660.00	330.00
WE 0853	1.5 Hrs	Water Truck	100.00	150.00
CC 5840	87 sacks	50/50 Pozmix cement	13.50	1174.50
CC 5965	146 lbs	Gel 22	.30	43.80
CC 6079	44 lbs	Pheno-SEAL 1/2 lb P/SK	1.35	59.40
CP 8176	1	2 7/8" Top Rubber Plug	45.00	45.00
CC 5965	100 lbs	Bentonite Gel Flush	.30	30.00
Sub Total				3475.70
Discount 40%				-1390.28
				2085.42
SALES TAX				64.93
ESTIMATED TOTAL				2150.35
				(3753.76)

Ravin 3737
 AUTHORIZATION [Signature] TITLE _____ DATE _____

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.

