

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) (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
 P.O. Box 884, Chanute, KS 66720
 620-431-9210 or 800-467-8676

9242
 9152

TICKET NUMBER 54745
 LOCATION 180 Eldorado
 FOREMAN Jacob Storm

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice # 81518

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-12-17	3801	Benjamin puffy #1	28	25	4	Butler
CUSTOMER IGWT			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 133 N Market			446	Jeremy M	866	Jeremy M
CITY Wichita			775	Robert		
STATE KS			681	Robert		
ZIP CODE 67207			557	Jacob		

JOB TYPE 2 Stage HOLE SIZE 7 7/8 HOLE DEPTH 2671 CASING SIZE & WEIGHT 5 1/2 13.5 lb
 CASING DEPTH 2666 DRILL PIPE N/A TUBING N/A OTHER _____
 SLURRY WEIGHT 14.6 SLURRY VOL 44.88 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 62.25 DISPLACEMENT PSI 750 MIX PSI 200 RATE 6.5 bpm

REMARKS: Safety meeting, Run pipe centralizer on 1, 3, 5, 7, 10, 20, 28, 31
 Baskets on Joints 4, 15, 30, 30, Du tool on Joint 29, at 1442 ft, Circulate
 Hole with mud for 45 min, pump 10 bbl water, 10 bbl mud flush, 10 bbl
 water mix 150 sks thickset 5 lbs kol-seal 1 lb pheno-seal, displaced with
 62.25 bbl landing plug at 1250 psi check float, float held, drop
 Bomb and open dutool at 1300 psi, pump 5 bbl water, circulate
 hole with mud, got 4 bbl cement Return to surface, circulate
 3 hrs, tie onto 5 1/2 mix 210 sks 65/35 per 6% gel 3% cc 8 lb kol-seal, 1/2 lb pheno
 displaced 34.31 bbl landing plug at 1300 psi, float held, circulated 12 bbl cement
 to surface.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0451	1	PUMP CHARGE	1900.00	1900.00
CE0002	10	MILEAGE	7.15	71.50
CE0711	2	min bulk delivery	660.00	1320.00
CE2002	1	Second Stage	2000.00	2000.00
CP8201	1	5 1/2 Du tool	5970.00	5970.00
CP8485	1	5 1/2 AFu Float Shoe	585.00	585.00
CP8651	4	5 1/2 Reciprocating Baskets	360.00	1440.00
CP8554	8	5 1/2 centralizers	81.00	648.00
CC5860	150	thixo Blend I	25.00	3750.00
CC5828	210	light whight Blend IV	19.50	4095.00
CC6125	500	mud Flush	.65	325.00
CC6077	2430	kol-seal	.50	1215.00
CC6079	255	Pheno-seal	1.35	344.25
			Subtotal	23663.75
			55%	13015.06
			Total	10648.69

SALES TAX 558.06
 ESTIMATED TOTAL 11206.75
 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.



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

9273 / 9164

TICKET NUMBER 54676
 LOCATION Eldorado KS
 FOREMAN Jeremy Austin

FIELD TICKET & TREATMENT REPORT
 CEMENT

Invoice #811584

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-11-17	3801	Benjamin Pecky #1	28	25	4	Butler
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
IGWT INC.			866	Jeremy A		
MAILING ADDRESS			446	Jeremy M		
155 N. Market Suite 500			611	Tracy		
CITY		STATE	ZIP CODE			
Wichita		KS	67207			

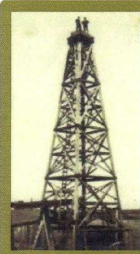
JOB TYPE <u>Surface</u>	HOLE SIZE <u>12 1/4</u>	HOLE DEPTH	CASING SIZE & WEIGHT <u>8 5/8 - 24 #</u>
CASING DEPTH <u>20 3/4</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>14</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING
DISPLACEMENT <u>13</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety meeting hooked up to P 1/2 Casing broke Circulation then pumped 125 SKS Cement then displaced 13 bbl of water shut in valve

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	1500.00
CE0002	10	MILEAGE	7.15	71.50
CE0711	1	min bulk delivery	660.00	660.00
CC5841	125	Surface Island II	23.00	2875.00
CC6075	75 #	Poly flake	2.00	150.00
		Subtotal		5256.50
		Discount	45%	2375.12
		Total		2881.38
		SALES TAX		106.18
		ESTIMATED TOTAL		2987.56

AUTHORIZATION 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.



GEOLOGIC REPORT

DANIEL T. JOHNSON
CONSULTING GEOLOGIST
19749 121ST RD, WINFIELD, KANSAS 67156
620-229-3258

Scale: 5" / 100'
Measured Depth Log

Well Name Benjamin Peffly #1

Location E/2 SW SW SW 28-T25S-R4E (330' FSL & 560 FWL)

State Kansas

County Butler

Country USA

Rig Number G&C Drilling, Inc. Rig #1

API Number 15-015-24090

Field Pierce

Geographic Region Mid- Continent

Drilling Completed 10/12/2017

Spud Date 10/9/2017

Ground Elevation 1341'

K.B. Elevation 1347'

Logged Interval 1800' To 2672'

Total Depth 2672' RTD

Formation Mississippian

Type of Drilling Fluid Chemical

Accessories

Fossils

♡ ECHINOID

Minerals

△ CHTLT

Other

Sumhole

Textures

FX FINELYXLN

Oil Show

● SPOTTED STAINING

Engineering

● OIL SHOW

Porosity

P PINPOINT

Operator

Company IGWT, Inc. KCC License 3167

Address P.O. Box 550
Rose Hill, Kansas 67133







Geologist

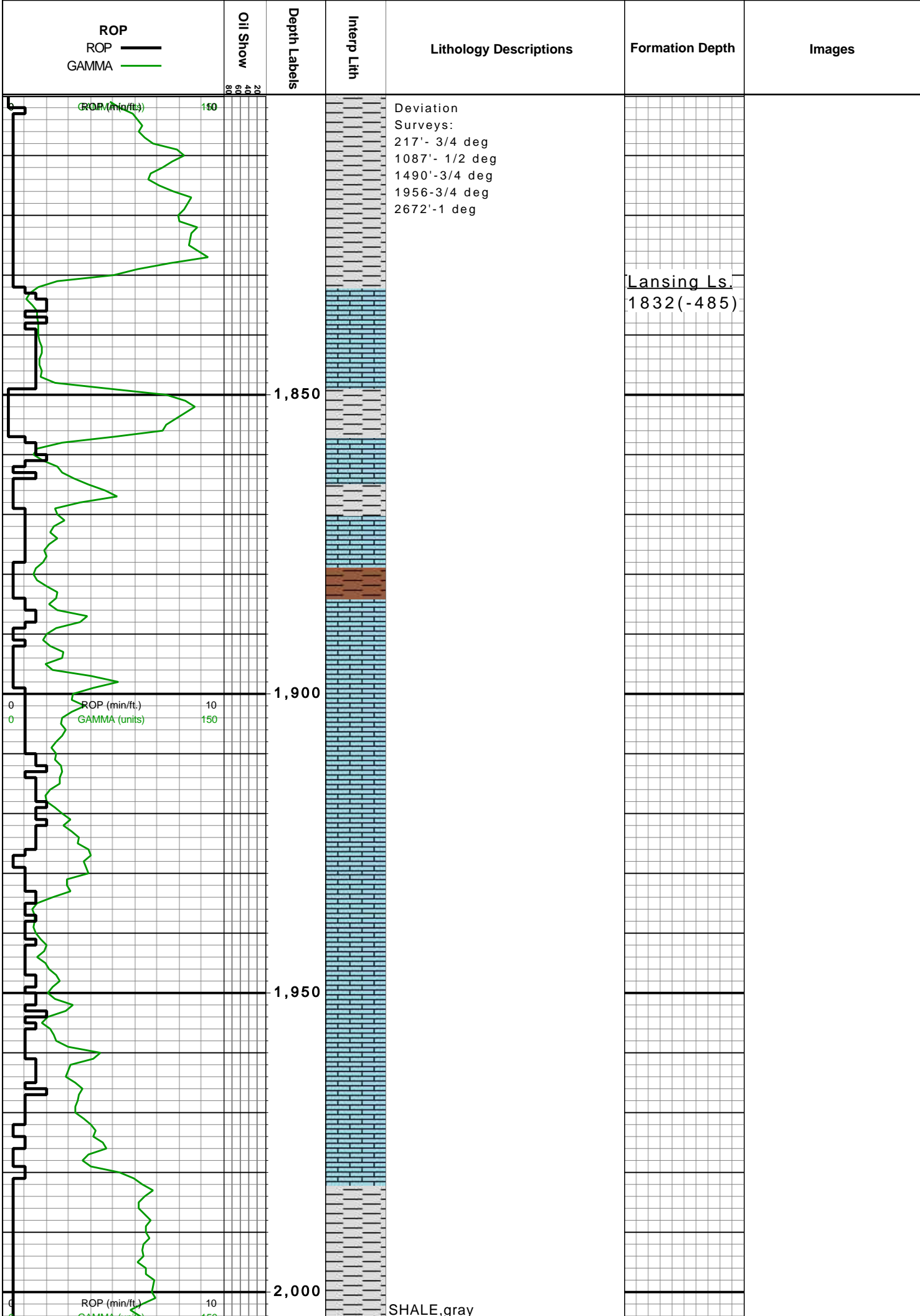
Name Daniel T. Johnson

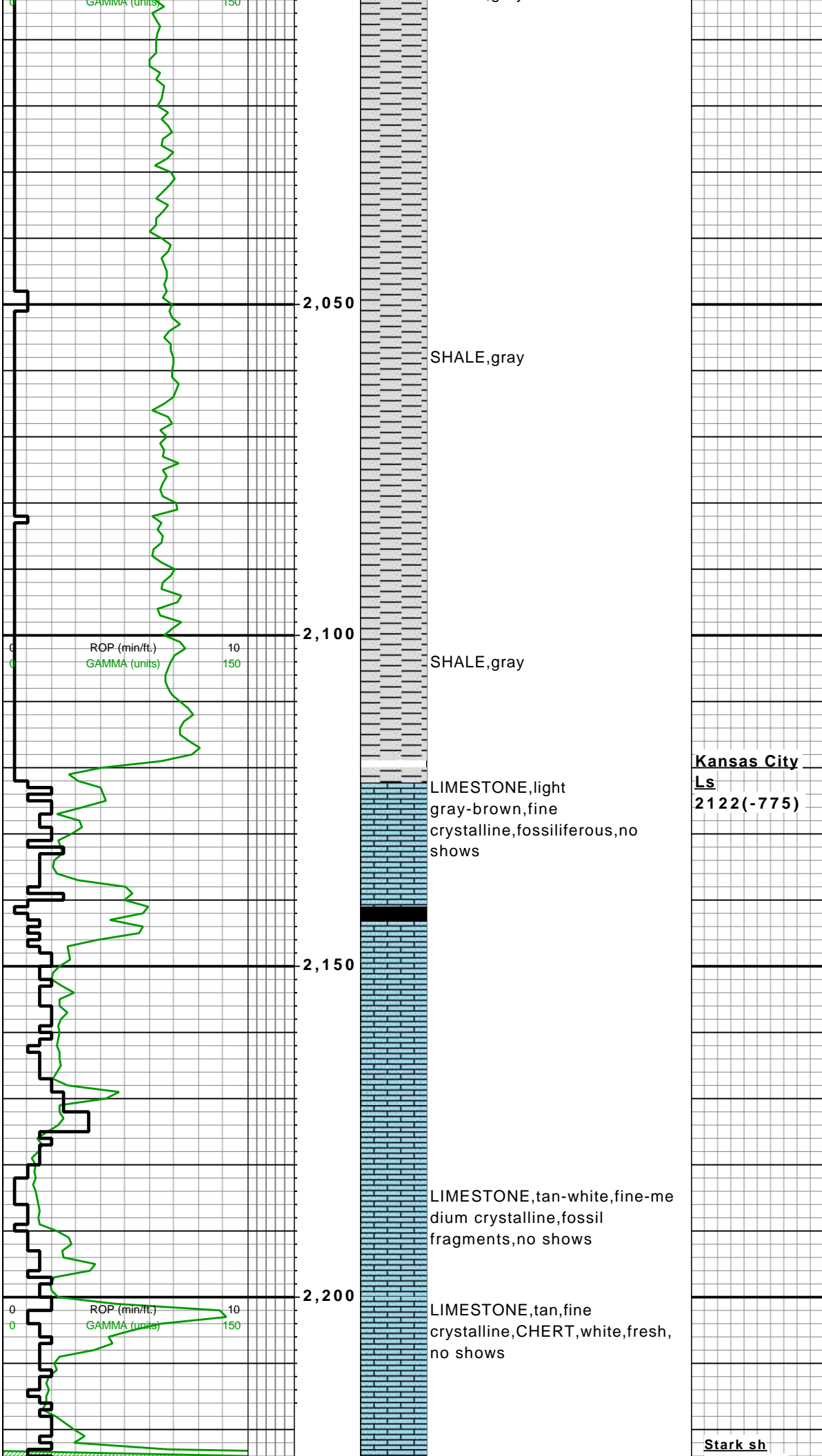
Company Consulting Geologist

Address 19749 121st Rd
Winfield, Kansas 67156
620-229-3258
daniel.johnson3258@gmail.com

Rock Types

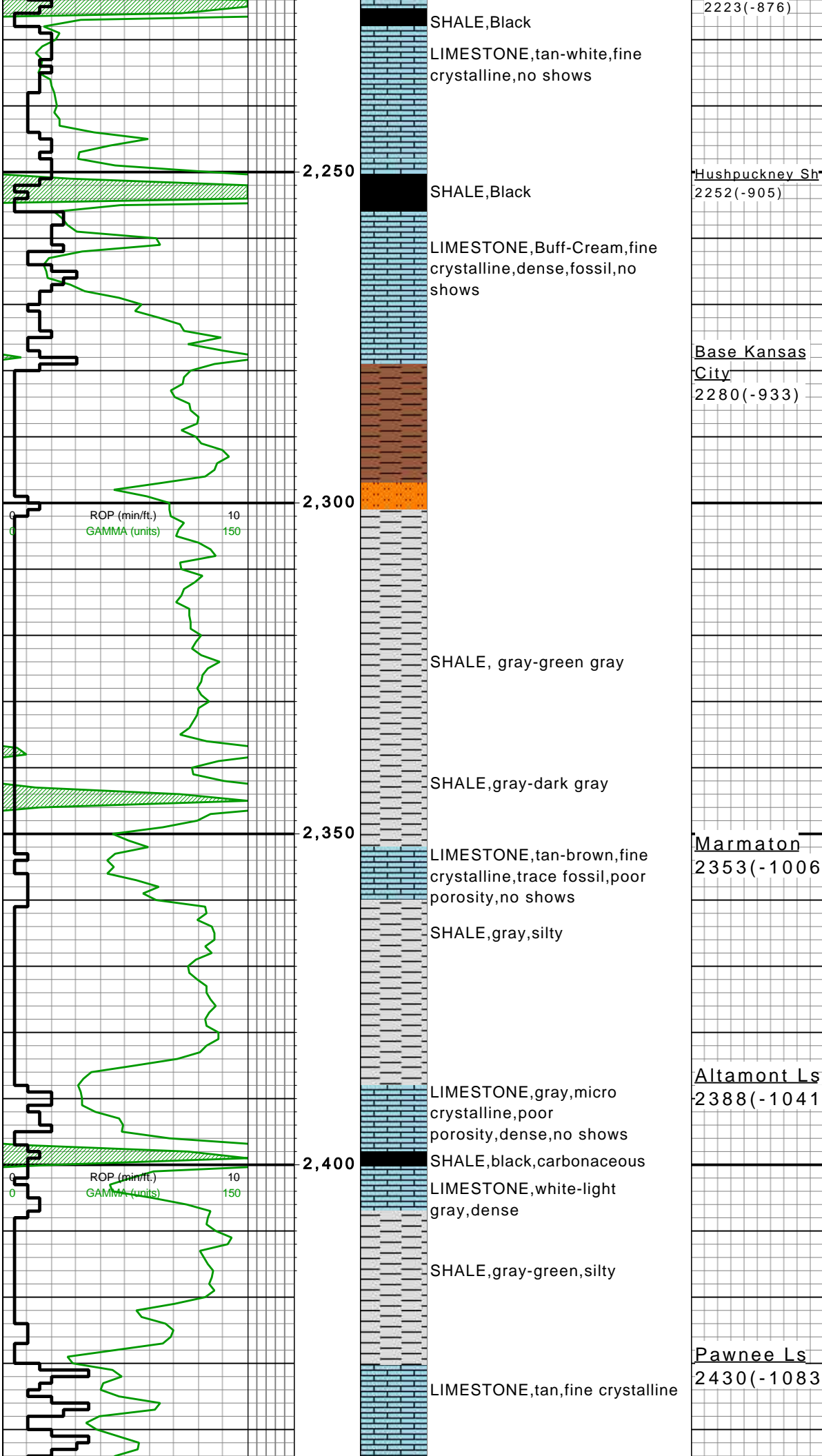
-  LIMESTONE
-  COAL
-  SHALE COLORED
-  CHERT
-  SHALE GRAY
-  SILTSTONE

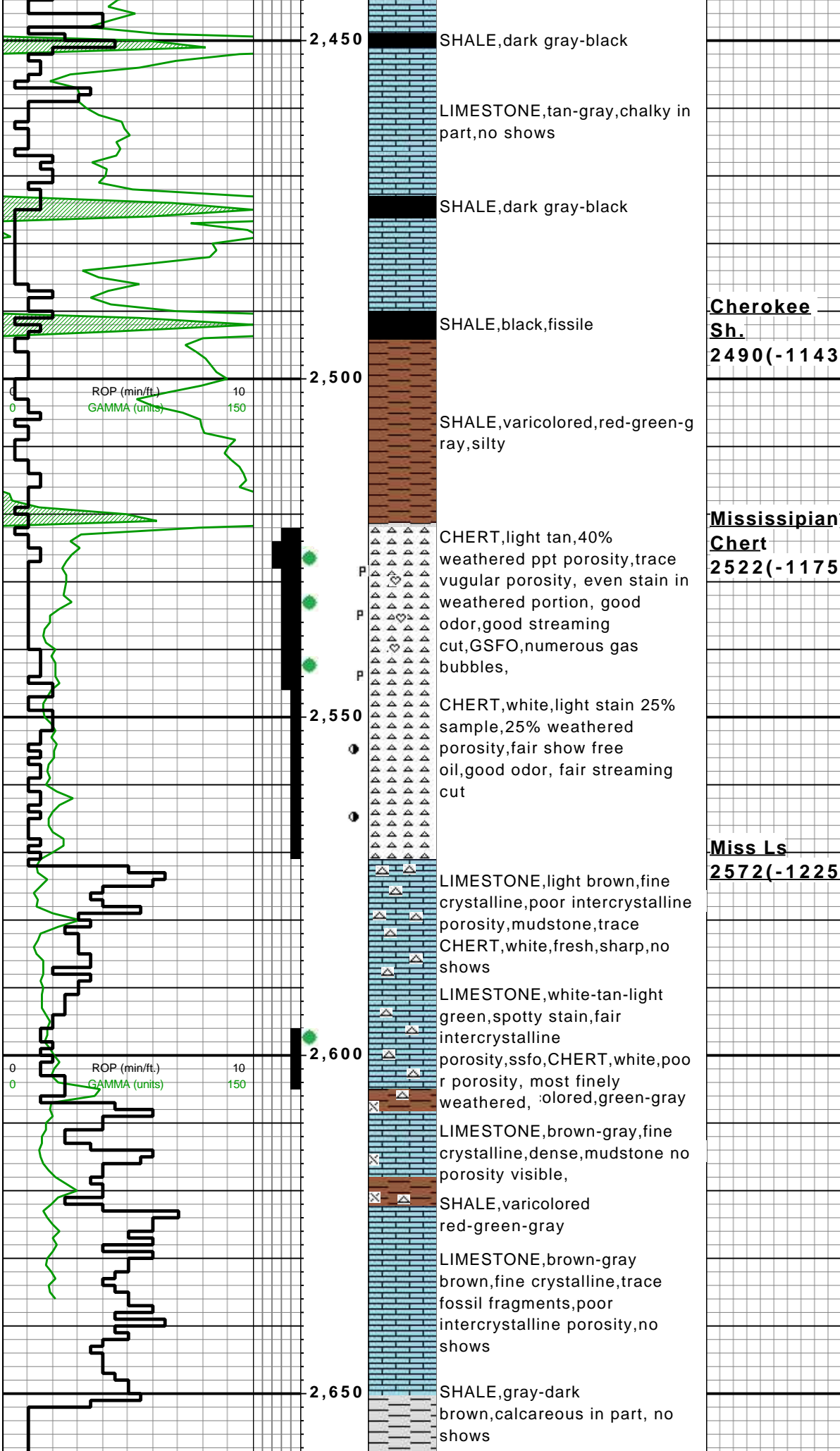




Kansas City
Ls
 2122(-775)

Stark sh







LTD 2671(-1324)
RTD 2672(-1325)

IGWT, Inc.
Benjamin Peffly #1
S/2 SW SW SW
28-T25S-R4E
Butler County, Kansas
KB 1347

2,700

0 ROP (min/ft.) 10
0 GAMMA (units) 150

2,750

ROP
ROP 
GAMMA 

Oil Show

20
40
60
80

Depth Labels

Interp Lith

Lithology Descriptions

Formation Depth

Images