

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

9475
9420

TICKET NUMBER 53899

LOCATION Ottawa, KS

FOREMAN Cassy Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice # 811789

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/15/17	2890	Dart et al # 6-20	NE 20	27	16	WL
CUSTOMER Domestic Energy Partners						
MAILING ADDRESS PO Box 296						
CITY Fredonia	STATE KS	ZIP CODE 66736				
TRUCK #		DRIVER		TRUCK #		DRIVER
729		Casper		Safety Meeting		
495		Harber				
503		Kei Det				
283		Mik Haa				

JOB TYPE logstring HOLE SIZE 6 3/4" HOLE DEPTH 1182' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1183 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 18.88 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: held safety meeting, established circulation through drill steel at hole TD, mixed & pumped 30 sks bentonite gel to kill gas, waited to log hole and run casing, rigged up on well again, pumped bbls fresh water to flush hole, mixed & pumped 100 # Caustic Soda followed by 15 bbls fresh water, mixed & pumped 150 sks Thixoblend II cement w/ 5 # Kalseal & 1/2 # Phenoseal per sk, flushed pump clean, pumped 4 1/2" rubber plug to casing TD w/ 18.88 bbls fresh water, cement to surface, pressured to 200 PSI, release pressure to set float valve.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	65 mi	MILEAGE	464.75	
CE0411	min	ton mileage	600.00	
CE0002	65 mi	flatbed delivery	464.75	
CE2001	3 hr	additional pump hrs	750.00	
		trucks	3839.50	
		- 35%	1343.83	2495.67
CC5861	150 sks	Thixoblend II cement	4050.00	
CC5965	1500 #	bentonite gel	450.00	
CC6074	750 #	Kalseal	375.00	
CC6079	75 #	Phenoseal	101.25	
CP8178	1	4 1/2" rubber plug	75.00	
CP8484	1	4 1/2" AFU shoe	470.00	
CC6151	100 #	Caustic Soda	200.00	
		materials	5721.25	
		- 35%	2002.44	
		Subtotal		3718.81
		6.5%		241.72
		SALES TAX		241.72
		ESTIMATED TOTAL		6456.20
		TOTAL		(9932.63)

Revin 3737

AUTHORIZATION Jeff Morris 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.

Building Materials
 Farm & Ranch Supplies
 Structural Steel Products
 Hardware & Paint

CLEAVER FARM & HOME

A Division of Cleaver Farm Supply, Inc.

2103 S. SANTA FE
 CHANUTE, KS 66720
 (620)431-6070

RETURN POLICY - within 30 days only -
 merchandise must be in saleable
 condition and accompanied by invoice.

No refunds on Special Order non-stock
 items

Account due 10th of month
 following purchase. 1 1/2%
 interest per month added for an
 annual percentage rate of 18%.

SOLD TO
 DOMESTIC ENERGY PARTNERS
 7049 1400 ROAD
 P.O. BOX 296
 FREDONIA, KS 66736
 620-378-3650

SHIP TO
 DOMESTIC ENERGY PARTNERS
 7049 1400 ROAD
 P.O. BOX 296
 FREDONIA, KS 66736
 620-378-3650



Shipment #: 1

ACCOUNT #	CUSTOMER P.O.#	TERMS	ORDER #	ORDER DATE	SLSMN	INVOICE #	INVOICE DATE
100284	DART ETAL 6-20	NET 10TH	1709884	11/09/17	DC	1257458	11/09/17
ORDERED	BACKORDERED	SHIPPED	U/M	DESCRIPTION	PRICE	AMOUNT	
10	0	10	EA	CEMENT STANDARD TYPE 1 94LB MONARCH STD PALLET ? AFE# D17009	12.200	122.00*	
November 9, 2017 13:58:31 Deana C.					0 / 1		MERCHANDISE 122.00
***** * INVOICE *			SHIP VIA	FILLED BY	CHK'D BY	DRIVER	OTHER 0.00
*****							TAX 8.750% 10.68
10			PAGE 1 OF 1				FREIGHT 0.00
							TOTAL 132.68