

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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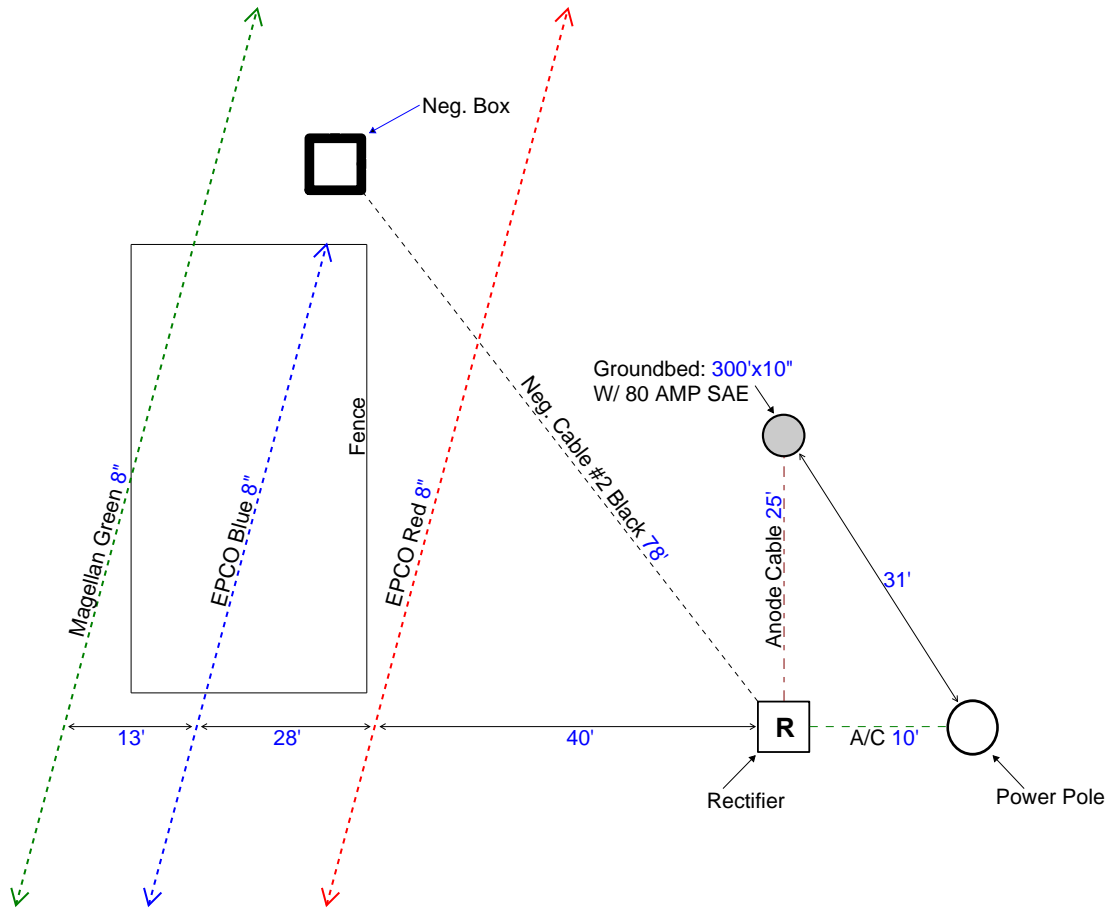
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Mid-America Pipeline Company, LLC
Well Name	S-49 1
Doc ID	1441096

Tops

Name	Top	Datum
Sandy Clay	12	24
Shale	12	36
Sand Stone	36	48
Shale	48	132
Caliche	132	144
Shale	144	216
Caliche	216	228
Shale	228	300



CATHODIC PROTECTION INSTALLATION



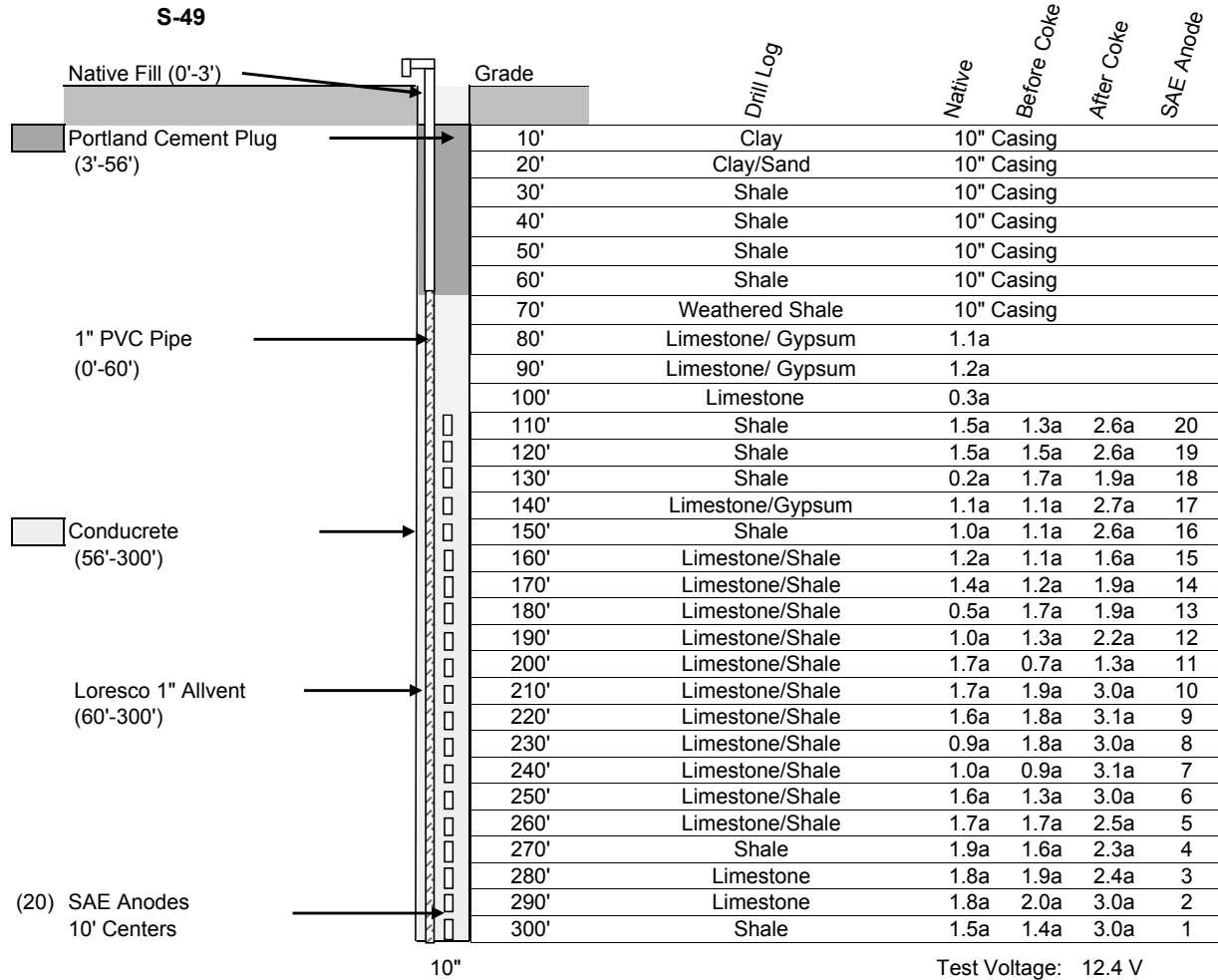
S-49
OTTOW COUNTY, KS

Installed for: EPCO
System: West Leg
Mile Post: S-49
GPS Loc: 38.987311,-97.404193
Drawn by: D. Robertson
Install Date: 10-22-18



ENTERPRISE PIPELINE

S-49



CATHODIC PROTECTION HOLE COMPLETION DIAGRAM & DRILL LOG



Installed by:
 Pipeline Integrity Resources, Inc.
 P.O. Box 6916
 Longview, TX 75608
 (903) 663-9393 fax (903)-663-9390

Installed for: ENTERPRISE PRODUCTS
 Date: 10/21/2018
 Location: S-49
 GPS: Lat:38.987311 Long: -97.404193
 Technician: R. Ramage

Midwest Concrete Materials, Inc.

4th Street • P.O. Box 668 • Manhattan, KS 66502
 (785) 776-8811 • FAX (785) 776-1816

MANHATTAN (785) 776-8811 • WAMEGO (785) 456-9888 • JUNCTION CITY (785) 238-12
 TOLL FREE (800) 813-5195

"QUALITY AND SERVICE SINCE 1927"

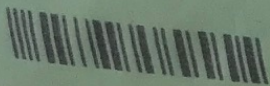
TIME 10:58	DATE 10/15/18	ACCOUNT ZZ2222	TRUCK 247	DRIVER JACKSON SLAYTON	TICKET 2012995
CARRIER NAME PIPELINE INTEGRATE RESOURCE			DELIVERY ADDRESS BUFFALO BETWEEN 280 & 290		

BUYER ORDER BUFFALO B	SALES ORDER 200	TAX 11	CREDIT	SLUMP 4.00 in
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LOAD CITY	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
2.50 yd	86333100	SLURRY GROUT	2.50	2.50	\$145.00	\$362.50
1.00 ea	5000	SHORT LOAD CHARGE (1 CY	1.00		\$75.00	

LOADED 10:27 AM	ARRIVE JOB SITE :	START DISCHARGE :	FINISH DISCHARGE :	ARRIVE PLANT :
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SUB TOTAL	\$437.50
DISCOUNT	\$32.81
TAX	
TOTAL	\$470.31
PREVIOUS TOTAL	\$470.31
GRAND TOTAL	\$470.31



This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.

ADDITIONAL WATER ADDED ON JOB	Gallons	By
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CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eyes, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

RECEIVED IN GOOD CONDITION	UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES
BY <input checked="" type="checkbox"/>	

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

Truck 247	Driver 100	User user	Disp Ticket Num 2012995	Ticket ID 4178	Time Date 10:26 10/15/18
Load Size 2.50	Mix Code CYDS 86333100	Returned	Qty	Mix Age Seq D	Load ID 4227
Material MONARCH FLYASH WATER C/S	Design Qty 562.0 lb 246.0 lb 138.00 gl 6.00 sz	Required 1405.0 lb 215.0 lb 310.00 gl 15.00 sz	Batched 1405.0 lb 210.0 lb 310.00 gl 15.00 sz	% Var 0.36% -0.24% 0.00% 0.00%	% Moisture Actual Wat 310.00 gl
Actual Slump: 4.00 in Actual W/C Ratios: 0.736	New Rebatched 618.0 lb Water: 13.00 gl Actual Water:	Manual 0.212 - 1 Moisture: 0.0 gl / Load Batched Cement: 3515 lb	Manual 10:26:59 Design 350.0 gl Load Trim Water: -2.0 gl / CYD Actual 310.0 gl Allowable Water: 125 gl		

OFFICE COPY

DEEP/SHALLOW CATHODIC PROTECTION GROUNDBEDS
DRILL FLUID DISPOSAL
LETTER OF AGREEMENT

This agreement is made and entered into this 22ND day of JUNE, 2018
by and between Enterprise Products.

Hereinafter referred as the "Cathodic Protection System Owner", with

Pipeline Integrity Resources, Inc.
5634 S 107th East Ave
Tulsa, Oklahoma 74146

Hereinafter referred as the "Contractor", with

DJK Ranch, LP,
4027 N 112TH ST
KANSAS CITY KS 66109

Hereinafter referred to as "Property Owner"

The Property Owner acknowledges that the signing of this Agreement is an independent act
of the Property Owner agrees to allow access to their property at:

State: Kansas County: Chautauqua Quarter: NW
Section: 25 Township: 32-S Range: 8-E

And at the approval by the Property Owner, Fluids will be hauled or spread to the above
location on private property disposed of by the Contractor;

IN WITNESS WHEREOF, the parties have executed this Agreement in several counterparts
original on the day and year first above written.

[Signature] Kempston general partner Date 6-22-2018
Property Representative:

Property Representative: Date _____

[Signature] Date 6-22-2018
Dennis Keegan, Twin Peaks Field Services

DEEP/SHALLOW CATHODIC PROTECTION GROUNDBEDS
DRILL FLUID DISPOSAL
LETTER OF AGREEMENT

This agreement is made and entered into this 21ST day of JUNE, 2018
by and between Enterprise Products.

Hereinafter referred as the "Cathodic Protection System Owner", with

Pipeline Integrity Resources, Inc.
5634 S 107th East Ave
Tulsa, Oklahoma 74146

Hereinafter referred as the "Contractor", with

THOMAS JOSEPH PROCHAZKA TRUST AND PATRICIA ANN PROCHAZKA TRUST
2809 BUFFALO RD
SOLOMAN, KS 67480

Hereinafter referred to as "Property Owner"

The Property Owner acknowledges that the signing of this Agreement is an independent act
of the Property Owner agrees to allow access to their property at:

State: Kansas County: OTTAWA Quarter: SW
Section: 23 Township: 12-5 Range: 1-W

And at the approval by the Property Owner, Fluids will be hauled or spread to the above
location on private property disposed of by the Contractor;

IN WITNESS WHEREOF, the parties have executed this Agreement in several counterparts
original on the day and year first above written.

Thomas J Prochazka Date 6-21-18
Property Representative:

Patricia Ann Prochazka Date 6-21-18
Property Representative:

Dennis Keegan Date 6-21-18
Dennis Keegan, Twin Peaks Field Services