KOLAR Document ID: 1441485

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 #	API No.:						
Name:	Spot Description:						
Address 1:							
Address 2:	Feet from North / South Line of Section						
City: State: Zip:+	Feet from						
Contact Person:	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()	□NE □NW □SE □SW						
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.axxx.xxxxx)						
Name:	Datum: NAD27 NAD83 WGS84						
Wellsite Geologist:	County:						
Purchaser:							
Designate Type of Completion:	Lease Name: Well #:						
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:						
☐ Oil         ☐ WSW         ☐ SWD           ☐ Gas         ☐ DH         ☐ EOR	Producing Formation: Kelly Bushing:						
☐ OG ☐ GSW	Total Vertical Depth: Plug Back Total Depth:						
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet						
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?						
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet						
Operator:	If Alternate II completion, cement circulated from:						
Well Name:	feet depth to: w/ sx cmt.						
Original Comp. Date: Original Total Depth:							
□ Deepening     □ Re-perf.     □ Conv. to EOR     □ Conv. to SWD       □ Plug Back     □ Liner     □ Conv. to GSW     □ Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)						
Commission Powert #1	Chloride content:ppm Fluid volume: bbls						
☐ Commingled     Permit #:       ☐ Dual Completion     Permit #:	Dewatering method used:						
SWD Permit #:	Location of fluid disposal if hauled offsite:						
EOR Permit #:	•						
GSW Permit #:	Operator Name:						
	Lease Name: License #:						
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. R East West						
Recompletion Date Recompletion Date	Countv: 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 Approved by: Date:							

KOLAR Document ID: 1441485

## Page Two

Operator Name: _				Lease Name:			Well #:		
Sec Twp.	S. R.	E	ast West	County:					
	flowing and shu	ut-in pressures, v	vhether shut-in pre	ssure reached st	atic level, hydrosta	tic pressures, bot		val tested, time tool erature, fluid recovery,	
Final Radioactivity files must be subm						iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log	
Drill Stem Tests Ta			Yes No			on (Top), Depth ar		Sample	
Samples Sent to 0	Geological Surv	/ey	Yes No	Na	me		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / List All E. Logs Ru	_		Yes No Yes No Yes No						
		B	CASING eport all strings set-c		New Used	ion, etc.			
Purpose of Strir		Hole illed	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING / SO	UEEZE RECORD				
Purpose:		epth T Bottom	ype of Cement	# Sacks Used	cks Used Type and Percent Additives				
Perforate Protect Casi Plug Back T									
Plug Off Zor									
Did you perform a     Does the volume     Was the hydraulic	of the total base f	fluid of the hydrauli		_	=	No (If No, sk	ip questions 2 an ip question 3) out Page Three	,	
Date of first Product Injection:	tion/Injection or R	esumed Production	Producing Meth	nod:	Gas Lift 0	Other (Explain)			
Estimated Production Per 24 Hours	on	Oil Bbls.					Gas-Oil Ratio	Gravity	
DISPOS	SITION OF GAS:		N	METHOD OF COMP	LETION:			DN INTERVAL: Bottom	
	Sold Used	I on Lease	Open Hole			mmingled mit ACO-4)	Тор	BOROTT	
,	,			B.11 B1					
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid,	Fracture, Shot, Cer (Amount and Kind	menting Squeeze I of Material Used)	Record	
TUBING RECORD:	: Size:	Set	Δ+-	Packer At:					
TODING RECORD:	. 3126.	Set	n.	i donei Al.					

Form	ACO1 - Well Completion
Operator	Rose Rock Midstream Crude, L.P.
Well Name	MP 32.8 1
Doc ID	1441485

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Type and Percent Additives
Surface	17	10	1108	150	NEAT	6% GEL 3% CC

# GMD #5 CATHODIC WELL COMPLETION (AS BUILT) PLAN PURSUANT TO K.A.R. 82-3-706 **Big Bend Groundwater Management District No. 5**

125 South	Main St. F	2.O. Box /				
Staffor	d, Kansas	ICT PERMIT N	IUMBER			
Well Location: MP 32.8	NIVA/	CW	CVA	Section	Township	Range
County PAWNEE	NW	SW 1/4	SW	6	23	16W
APPLICANT: RECEI	VED		OR/DRILLE		License No. 6	6427
Contact Person: RUSTY GANN		Contact Perso	on: GREG	DODSON		
Name: MESA CORROSION CONTROL Jan 09	2019	Name: DAR	LING DRIL	LING		
Address: 4445 S. 74TH E. AVE		Address: 391	6 W. 56TH	AVE		
City/State/Zip Code: TULSA, OK 74145	5# UML		Code:HUTC		KS 67502	
Telephone No. 918-627-3188 EX 6186		Telephone No	. 620-662-	7901		
Fax No. 918-627-2676	-	Fax No. 620	-662-1707			
Drill Cuttings Recorded At 5 Feet Intervals? (minimum allowable) (FS)  If "NO", What interval?  Drillers Log attached? (YES) NO (circle one)  Geophysical/Electrical logs completed: YES (NO) (circle one)  Geophysical/Electrical logs attached: YES (NO) (circle one)  Bore hole completion: Cased / Uncased	NO (circle o	nie)	NW	NE		
Diameter 17"	- Drilling I	oit construction	: (Mark Yes	or Nã		
Casing material PVC SDR-21  Outside diameter of surface casing: 10.750"  Minimum wall thickness 0.511  SDR -21  Casing interval 5, 35, 75, 115, 128	A. <u>Hyc</u> B. <u>Abc</u>		of bottom and	,	1 x 10 <sup>-7</sup> cm.sec:	YES
Centralizer locations: 3, 40, 80, 120, 145 feet bls  Grout material NEAT CEMENT  Grout intervals 150' to 3' feet bls  Anode conductor (backfill) material:LORESCO SC-3  Anode conductor interval: 350' to 125' feet bls  Anode interval 345', TO 160' ON 10' CC feet bls	Number	of copies of well of of copies of geopl of copies of Comp	nysical/electrica	l logs submitted		j: <u>1</u>

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	4'	TOP SOIL			
4'	35'	BROWN CLAY			
35'	42'	COURSE GRAVEL TAN CLAY MIX			
42'	75'	MED-SMALL SAND			
75'	85'	GRAY CLAY			
85'	120'	BROWN CLAY W/STRKS OF SAND			
120'	132'	BROWN CLAY W/STRKS OF CALICHE			
132'	155'	GRAY SHALE			
155'	200'	HVY STICKY GRAY SHALE			
200'	355'	GRAY SHALE			

Date Submitted: 1/7/2019

Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 July 2014 Form must be Typed Form must be Signed All blanks must be Filled

# **WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 35587	API No. 15						
Name: Rose Rock Midstream Crude, L.P.	Spot Description: MP 32.8						
Address 1: TWO WARREN PLACE	NW_NW_SW_SW Sec. 6 Twp. 23 S. R. 16 ☐ East ✓ West						
Address 2: 9120 S. YALE, SUITE 1500	1,295 Feet from North / South Line of Section						
City: TULSA State: OK Zip: 74136 +	13 Feet from East / West Line of Section						
Contact Person: JOHN CHRISTENSEN	Footages Calculated from Nearest Outside Section Corner:						
Phone: (405 ) 945-6337	NE □NW □SE ✓SW						
CONTRACTOR: License #6427							
Name: DARLING DRILLING	GPS Location: Lat: <u>38.076531</u> , Long: <u>-99.131878</u> (e.g. xx.xxxxx) (e.gxxx.xxxxxx)						
Wellsite Geologist: _JOHN HILDEBRAND	Datum: ☐ NAD27 ✓ NAD83 ☐ WGS84						
Purchaser:	County: PAWNEE						
Designate Type of Completion:	Lease Name: MP 32.8 Well #: 1						
	Field Name:						
✓ New Well	Producing Formation:						
Oil WSW SWD SIOW	Elevation: Ground: 2060 Kelly Bushing:						
Gas D&A ENHR SIGW	Total Vertical Depth: _355' Plug Back Total Depth:						
☐ OG ☐ GSW ☐ Temp. Abd. ☐ CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: 150 Feet						
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ✓ No						
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set:Feet						
Operator:	If Alternate II completion, cement circulated from:						
Well Name:	feet depth to:w/sx cmt.						
Original Comp. Date: Original Total Depth:							
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Shrid Management Blen						
Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)						
	Chloride content: 1500 ppm Fluid volume: 226 bbls						
Commingled Permit #:	Dewatering method used:						
Dual Completion Permit #:	Dewatering method used:						
SWD Permit #:	Location of fluid disposal if hauled offsite:						
ENHR Permit #:	Operator Name: UNDERGROUND CAVERN STABILIZATION, LLC						
GSW Permit #:	Lease Name: UCS HUTCHINSON FACILITY License #: KS-05-155-002						
11/1/2018 11/2/2018 11/3/2018	QuarterSW Sec. 14 Twp. 24 S. R. 6 East  West						
Spud Date or Date Reached TD Completion Date or Recompletion Date  Recompletion Date	County: RENO Permit #:147-1175						
days of the spud date, recompletion, workover or conversion of a well. If con	n Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 indidentiality is requested and approved, side two of this form will be held confi-Drill Stem Test, Cement Tickets and Geological Well Report must be attached.						
AFFIDAVIT	KCC Office Use ONLY						
I am the affiant and I hereby certify that all requirements of the statutes, rules							
regulations promulgated to regulate the oil and gas industry have been fully comwith and the statements herein are complete and correct to the best of my knowledge.	iplied						
( ) / 1	Confidential Release Date:						
Signature: Sustly Sur	Wireline Log Received						
·	Geologist Report Received UIC Distribution						
Title: PROJECT MGR Date: 1/4/2019	ALT LI III Approved by:						

ALT I II III Approved by:

Date:

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-4 July 2014 Form must be Typed

# **CLOSURE OF SURFACE PIT**

Feet from East / West Line of Section	Operator Name: ROSE ROCK MIDSTREAM CRUDE, L.P.	License Number: 35587							
Permit Number (API No. if applicable): CPB-18-18  Type of Pit:    Fit Location (QQQQ):   Settling Pit   Burn Pit   Secting Pit   Section   S									
Type of Pit:    Fit Location (QQQQ):   Pit Location (QQQQ):   NW NW SW SW SW Setting Pit North Pit   NW NW SW SW Setting Pit North Pit   NW NW SW SW Setting Pit North Pit   NW North Pit   North Pit	Contact Person: JOHN CHRISTENSEN	Phone Number: ( 405 ) 945 - 6337							
Emergency Pit Burn Pit Settling Pit Drilling Pit Workover Pit Haul-Off Pit    1295	Permit Number (API No. if applicable): CPB-18-18	Lease Name & Well No.: MP 32.8							
Settling Pit	Type of Pit:	Pit Location (QQQQ):							
Workover Pit	Emergency Pit Burn Pit	NW NW SW SW							
Date of closure: 11/2/2018  Was an artificial liner used?  Yes  No  If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?  Abandonment procedure of pit:  WASTE WAS IN A STEEL CONTAINER, AND HAULED TO LICENSED FACILITY.  The undersigned hereby certifies that he / she is  RUSTY GANN  for  MESA CORROSSION CONTROL (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his her knowledge and belief.  Subscribed and sworm to me on this  4TH  day of  JANUARY , 2019  Subscribed and sworm to me on this  4TH  day of  JANUARY , 2019	$oxed{\sum}$ Settling Pit $oxed{X}$ Drilling Pit	Sec. 6Twp. 23R. 16 East							
Date of closure: 11/2/2018  Was an artificial liner used? Yes No  If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?  Abandonment procedure of pit:  WASTE WAS IN A STEEL CONTAINER, AND HAULED TO LICENSED FACILITY.  The undersigned hereby certifies that he / she is RUSTY GANN for MESA CORROSSION CONTROL (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Subscribed and sworm to me on this 4TH day of JANUARY , 2019  LACY WILLIAMS  Notary Public, State of Oklahoma Commission #16008423 AM AND	Workover Pit Haul-Off Pit	1295 Feet from ☐ North / ✓ South Line of Section							
Date of closure:		Feet from East / West Line of Section							
Was an artificial liner used?  Yes  No  If no, how were the sides and bottom sealed to prevent downward migration of the pit contents?  Abandonment procedure of pit:  WASTE WAS IN A STEEL CONTAINER, AND HAULED TO LICENSED FACILITY.  The undersigned hereby certifies that he / she is  RUSTY GANN  for  MESA CORROSSION CONTROL (Co.), a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Subscribed and sworn to me on this  4TH day of  JANUARY		PAWNEE County							
The undersigned hereby certifies that he / she is	Was an artificial liner used? ✓ Yes No  If no, how were the sides and bottom sealed to prevent downward migration of the  Abandonment procedure of pit:								
a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Signature of Applicant or Agent  Subscribed and sworn to me on this 4TH day of JANUARY  LACY WILLIAMS  Notary Public, State of Oklahoma  Commission # 16008423	Whole the little continuity, and in colle	TO EIGENOED I MOIEI							
a duly authorized agent, that all information shown hereon is true and correct to the best of his /her knowledge and belief.  Signature of Applicant or Agent  Subscribed and sworn to me on this 4TH day of JANUARY  LACY WILLIAMS  Notary Public, State of Oklahoma  Commission # 16008423									
LACY WILLIAMS Notary Public, State of Oklahoma Commission # 16008423	The undersigned hereby certifies that he / sile is	e best of his /her knowledge and belief.							
Notary Public, State of Oklahoma Commission # 16008423	Subscribed and sworn to me on this 4TH day of	JANUARY , 2019							
My Commission Expires: Aug., 31. 2020	Notary Public, State of Oklahoma Commission # 16008423 My Commission Expires August 31, 2020	Notary Public							

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form CDP-5 July 2014 Form must be Typed

# **EXPLORATION & PRODUCTION WASTE TRANSFER**

Operator Name: ROSE ROCK MIDSTREAM CRUDE, L.P.	License Number: 35587					
Operator Address: TWO WARREN PLACE, SUITE 1500						
Contact Person: JOHN CHRISTENSEN	Phone Number: ( 405 ) 945 - 6337					
Permit Number (API No. if applicable): CPB-18-18	Lease Name: MP 32.8					
Source of Waste:	Well Number: 1					
Emergency Pit Settling Pit   Workover Pit Drilling Pit   Burn Pit Haul-off Pit   ✓ Steel Pit Spill / Escape   Dike	Source Location (QQQQ): NW - NW - SW - SW  Sec. 6 Twp. 23 R. 16 East  West  1295 Feet from North / South Line of Section  13 Feet from East / West Line of Section  GPS Location: Lat: 38.076531 , Long: -99.131878  (e.g. xx.xxxxx) (e.g. xxx.xxxxx)  Datum: NAD27 NAD83 WGS84  County: PAWNEE					
No Waste to be Hauled: (If checked, provide an explanation as to why n						
Type of waste to be disposed: ✓ Fluid Soil ✓ Mud /	Cuttings Other:					
Amount of waste: No. of loads226 Barrels	Tons YDS					
Destination of waste: Reserve Pit Haul Off Pit 🗸 Disposal Well	Lease Road Dike / Berm Other:					
If waste is transferred to another reserve pit, is the lease active?   ✓ Yes	☐ No					
Location of Waste Disposal:  Destination Out of State: (If checked, provide the location of where the waste)						
	Date of Waste Transfer: 11/2/2018					
Operator Name: UNDERGROUND CAVERN STABILIZATION, LLC	License No.: _KS-05-155-002					
Lease Name: UCS HUTCHINSON FACILITY	Sec. 14 Twp. 24 R. 6 East V West					
Docket No./API No.: CPB-18-18	County:RENO					
Comments:						
UNDER PENALTY OF PERJURY I HEREBY ATTEST THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.  Date:						

	WELLE		WWC-5			ion of Water	0. 5 .0 .0	MP 32.8
		Correction Char			Resources App. No. Well ID			
		ATER WELL:	Fraction		Secti	on Number	1	
	y: PAWNEE		NW 1/4 NW 1/4 SW 1/			6	T 23 S	R 16 □ E ■ W
2 WELL	OWNER: I	ast Name: JOHN	First: CHRISTES				where well is located (	
		OCK MIDSTREAM C	RUDE, L.P.	direction fr	om ne	arest town or i	ntersection): If at owner'	s address, check here:
Address:	TWO WA	RREN PLACE		EDOM T	HE (	CODNED (	OF F RD AND 130T	H PD GO N ON
Address:		o Ok	/ ZID 74400					
City:	TULSA	State: Ok	ZIP: 74136	1301111	KD AI	PPROX 0.	25 MILES TO LOCA	TION ON THE EAS
3 LOCAT		4 DEPTH OF CO	MPLETED WELL:		ft	5 Latitue	38.07653°	1(decimal degree
WITH "			r Encountered: 1)		16.			78(decimal degree
	ON BOX:		3) ft., or 4)		1	Longit	ude:	NAD 83 NAD 2
l I	N				1			■ NAD 83 □ NAD 2
WELL'S STATIC WATER LEVEL:ft.   Source for Latitude/Longitude:   GPS (unit make/model:								
'	, '		e, measured on (mo-day			Ligh	(WAAS enabled?	
NW	NE		water was					
w	<u> </u>		rs pumping			Lai	nd Survey	F FARTH
W	E		water was			■ On	ille Mapper	H.H(.Y.)
SW	SE		rs pumping					
X		Estimated Yield:		Spin		6 Elevati	ion: .2060ft.	☐ Ground Level ☐ TO
	S		gpm in. to	ft and		Source:	☐ Land Survey ☐ G	PS  Topographic Ma
	nile	The state of the s	in. to					_ 101
		D BE USED AS:		11.		1		
1. Domestic:			lator Cumples well ID			10 = 02	Field Weton Cumulant 1	se
Housel			/ater Supply: well ID			10. Tort II	ole: well ID	se
			ing: how many wells?				ed Uncased G	
Lawn			Recharge: well ID					
Livesto			ng: well ID				ermal: how many bores?	
2.  Irrigati			ital Remediation: well I		••••		sed Loop  Horizonta	
3. Feedlo		☐ Air Spar		Extraction		b) Ope	en Loop  Surface Disc	charge  Inj. of Water
4. $\square$ Industr	4. ☐ Industrial ☐ Recovery ☐ Injection 13. ■ Other (specify): CATHODIC PROTECTION.							
Was a che	mical/bacte	riological sample sub	mitted to KDHE?	Yes N	No ]	If yes, date	sample was submitted	:
Water well	disinfected	Ves ■ No						
8 TYPE O	F CASING	USED: ☐ Steel ■ P'	VC  Other	CA	SINO	G JOINTS:	■ Glued □ Clamped	□ Welded □ Threaded
Casing diam	eter 10	in. to 150 ft	Diameter	in to		ft Diame	ter in to	ft.
Casing triali	at above land	surface	in Weight 10.8	05 lbs	/ <del>f</del> t	Wall thickn	ess or gauge No. 0.511	
		R PERFORATION MA		103./	11.	wan unekn	less of Budge 110	
The second second second						□ Othe	r (Specify)	
☐ Steel		nless Steel	_	ised (open	ادادا		i (Specify)	
Brass				ised (open	noie			
		ATION OPENINGS		10.5	٦.	11 1 1 1 1	□ 04 (C :C)	
	nuous Slot						Other (Specify)	
		☐ Key Punched ☐ '				ne (Open Ho		0
		ED INTERVALS: Fro						
G	RAVEL PA	CK INTERVALS: Fro	om ft. to	ft., Fro	m	ft. to	ft., From	ft. to ft.
9 GROUT	MATERIA	L: Neat cement	☐ Cement grout ☐ Be	entonite [	Oth	her		
Grout Interv	als: From	ft. to . 150	ft., From	ft. to		ft., From	ft. to	ft.
Nearest sou	rce of possib	le contamination:						
☐ Septic	Tank	☐ Lateral Lir	nes			ivestock Pen	s 🔲 Insectici	de Storage
☐ Sewer		☐ Cess Pool	☐ Sewage La	igoon	$\square$ F	uel Storage	☐ Abandor	ned Water Well
☐ Watert	ight Sewer Li	nes	it	-	$\Box$ F	ertilizer Stora	age 🗌 Oil Well	/Gas Well
☐ Other (	Specify)							
							ft.	
10 FROM	ТО		OGIC LOG	FROM				PLUGGING INTERVAL
0		TOP SOIL		200'	_		RAY SHALE	
4'		BROWN CLAY		1_00	<del>-   '</del>			
			TANICI AV MIV	+	+			
35'		COURSE GRAVEL/	IAN CLAT WIX	+	+			
42'		MED-SMALL SAND						
75'		GRAY CLAY			$\perp$			
85'		BROWN CLAY W/S						
120' 132' BROWN CLAY W/STRKS OF CALICHE Notes:								
132'		GRAY SHALE						
155' 200' HVY STICKY GRAY SHALE								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged								
under my i	urisdiction a	nd was completed on (	mo-day-year) 11/2/2	018 a	ind th	is record is	true to the best of my	knowledge and belief
Kansas Wa	ter Well Co	ntractor's License No.	6427 This W	ater Well	Reco	rd was com	pleted on (mo-day-ver	ar) .1.1/2/2018
under the h	usiness nam	ntractor's License No.			.Sigr	nature	Justy LE	
Mail	1 white copy ale	ong with a fee of \$5.00 for e	ach constructed well to: Ka	nsas Departr	nent of	f Health and E	nvironment, Bureau of Wat	er, GWTS Section,
	1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.  Visit us at http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015							

## Page Two

Operator Name: Ros	se Rock Midstrea	m Crude	e, L.P.	Lease	Name: _	ЛР 32.8		Well #:1		
	S. R.16W		West	County	: PAWI	NEE				
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas the Final Radioactivity Louisides must be submitted.	ving and shut-in press o surface test, along og, Final Logs run to d	sures, who with final o obtain Geo	ether shut-in pre chart(s). Attach ophysical Data a	essure read extra shee and Final E	ched stati et if more lectric Lo	c level, hydro space is nee	ostatic pressures eded.	s, bottom hole temp	erature, f	fluid recovery,
Drill Stem Tests Taker (Attach Additional		Y	′es 🔽 No		<b>₽</b> L	og Form	ation (Top), Dep	oth and Datum		Sample
Samples Sent to Geo	Samples Sent to Geological Survey				Nam	е		Тор	I	Datum
Cores Taken Electric Log Run			res No							
List All E. Logs Run:										
			CASING	RECORD	☐ Ne	w Used				
			ort all strings set-o							
Purpose of String	Size Hole Drilled		ze Casing et (In O.D.)	Wei		Setting Depth	Type of Cemen			and Percent additives
SURFACE	17"	10"		SDR-21		150'	NEAT	150	6% GE	EL 3% CC
		<u> </u>	ADDITIONAL	. CEMENTI	NG / SQL	JEEZE RECO	RD			
Purpose:         Depth Top Bottom         Type of Cement           — Perforate         — Protect Casing           — Plug Back TD         — Plug Back TD		e of Cement	# Sacks Used		Type and Percent Additives					
Plug Off Zone										
Did you perform a hydra Does the volume of the t Was the hydraulic fractur	otal base fluid of the hyd	fraulic fract	uring treatment ex		-	Yes Yes Yes	✓ No (If N	lo, skip questions 2 a lo, skip question 3) lo, fill out Page Three		0-1)
Shots Per Foot			RD - Bridge Plug Each Interval Perl			Acid,	Fracture, Shot, Co	ement Squeeze Reco	rd	Depth
TUBING RECORD:	Size:	Set At	:	Packer A	xt:	Liner Run:	Yes	No		
Date of First, Resumed	Production, SWD or EN	IHR.	Producing Meth	nod:	ng $\square$	Gas Lift	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Wate		Bbls.	Gas-Oil Ratio		Gravity
Vented Solo	ON OF GAS:  d Used on Lease  bmit ACO-18.)		Open Hole	METHOD OF		Comp.	Commingled Submit ACO-4)	PRODUCTI	ON INTER	VAL:

# HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date: County: PAWNEE		<u> </u>	API Number:					
Operator Name:	perator Name: Rose Rock Midstream Crude, L.P.			and Number: _	MP 32.8		1	
Latitude:				-99.13		Dat	tum: NAD83	
Production Type:			True Vertical Depth	n (TVD): 355'		Tota	al Base Fluid Volume (gal)*:	
Hydraulic Fractur	ring Fluid Com	position:						
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingi in Additiv	redient Concentration e (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Numb
la annuli anta ala an		-h-i	4040 4000(i) and annual an Matarial Cafety Date	- Charte (MCDC) In modific	-41 11-	Non MODO		
ingredients snow	n above are su	ibject to 29 CRF	1910.1200(i) and appear on Material Safety Dat	a Sneets (MSDS). Ingredie	nts snown beid	ow are Non-MSDS.		

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

# **WELL COMPLETION (FORM ACO-1)**

## Instructions

## General Instructions.

- The form must be typed.
- All horizontal wellbore completions are required to attach the additional information with their ACO-1 as listed below in Section 11.

## Section 0: Confidentiality.

 Confidentiality Requested. Mark the box to indicate if confidentiality is requested.

## Section 1: Operator/Well Information.

- 1a. License #. Enter the operator's license number.
- Name. Enter the operator's full name as it appears on the operator's license.
- 1c. Address. Enter the operator's mailing address (street or PO Box).
- 1d. City/State/Zip. Enter the operator's city, state, and zip code.
- 1e. Contact Person. Enter the name of the individual who will be the operator's contact person, should Conservation Staff need to contact the operator about the Form. The contact person may be the operator or the operator's agent.
- 1f. Phone. Enter the phone number of the contact person listed in "1e" above.
- Contractor License #. Enter the Drilling Contractor's license number. The drilling contractor may be the operator or the operator's agent.
- Contractor Name. Enter the name of the drilling contractor as it appears on the drilling contractor's operator license.
- Wellsite Geologist. Enter the name of the wellsite geologist witnessing the completion work.
- Purchaser. Enter the name of the purchaser of the oil and/or gas produced from the subject well.
- 1k. Designate Type of Completion. Mark the appropriate box to indicate if it is a new well, re-entry, or workover. Also mark the appropriate box(es) to indicate the type of completion. Multiple boxes may be marked.
- Old Well Information. <u>Only complete this section if the subject</u> well is a workover or reentry.
  - Operator. Enter the name of the last operator of the subject wellbore, prior to workover or re-entry operations.
  - 1l(2). **Well Name.** Enter the name under which the subject well was last operated.
  - 1l(3). **Original Completion Date.** Enter the date on which the subject well was originally completed.
  - 1l(4). **Original Total Depth.** Enter the original total depth of the subject well.
  - 11(5). Deepening, Re-perforate, Convert to Enhanced Recovery/ Saltwater Disposal/Gas Storage. Mark the appropriate box(es) to indicate whether, through workover/re-entry operations, the well has been deepened, re-perforated, and/or converted to an enhanced recovery or saltwater disposal well. Multiple boxes may be marked. For each box that is marked, enter the corresponding permit number to the right of the box.
- 1m. Spud Date or Recompletion Date. For new wells, enter the date on which the well was spud. Otherwise, enter the date on which current recompletion operations were commenced.
- Date Reached TD. Enter the date on which the operator reached total depth.
- Completion Date or Recompletion Date. For new wells, enter the date on which the new well was completed. Otherwise, enter the date on which current recompletion operations were finished.
- API No. Enter the API Number. This number is subject to change. Staff will contact the operator if major changes are made to the subject well's API Number.
- 1q. Spot Location. Enter the geographic location of the subject well by ¼¼¼¼, Section, Township, and Range. Mark the appropriate box to indicate if the range is east or west of the Sixth Principal Meridian.
- 1r. Footage Location from Section Lines.
  - 1r(1). Enter the number of feet the subject well is located from the South or North section line. Circle which section line the measurement was taken from.

- 1r(2). Enter the number of feet the subject well is located from the East or West section line. Circle which section line the measurement was taken from.
- Footages Calculated From Nearest Outside Section Corner.
   Mark the appropriate box indicating the outside section corner nearest the location of the well.
  - 1s(1). Enter GPS latitude
  - 1s(2). Enter GPS Longitude
  - 1s(3). Enter Datum
- 1t. County. Enter the county in which the well is located.
- Lease Name/Well Number. Enter the name of the lease and the well number
- Field Name. List the name of the field where the well is located. Field names are available from KGS at <a href="http://www.kgs.ku.edu/Magellan/Field/index.html">http://www.kgs.ku.edu/Magellan/Field/index.html</a>, or Independent Oil & Gas Service at <a href="http://www.iogsi.com">http://www.iogsi.com</a>.
- Producing Formation. Enter the name of the geologic formation from which the well is producing.
- 1x. Elevation.
  - Ground. Enter the elevation in feet above sea level for the well's location.
  - Kelly Bushing. Enter the elevation in feet above sea level of the Kelly bushing during drilling operations.
- 1y. Total Vertical Depth. Enter the total vertical depth of the well.
- Plug Back Total Depth. Enter the total depth of the plug back in the well.
- 1aa. Amount of Surface Pipe Set and Cemented. Enter the depth to which surface pipe is set and cemented.
- 1bb. Multiple Stage Cementing Collar Used.
  - 1bb(1). Mark the box to show if a multiple stage cementing collar was used to complete/recomplete the well.
  - 1bb(2). If a multiple stage cementing collar was used, fill in the blank with the depth at which it was set.
- 1cc. Alternate II Completion. If the subject well is an Alternate II Completion, enter the depth to which cement was circulated and the number of sacks of cement used.

## Section 2: Drilling Fluid Management Plan.

- Chloride Content. Enter the chloride content in parts per million of reserve pit fluids.
- 2b. Fluid Volume. Enter the volume in barrels of reserve pit fluids used.
- Dewatering Method Used. Enter the dewatering method used at the well during drilling operations.
- 2d. Location of Fluid Disposal if Hauled Offsite.
  - 2d(1). **Operator Name.** Enter the name of the operator who disposed of the drilling fluids.
  - Lease Name. Enter the name of the lease at which the drilling fluids were disposed.
  - 2d(3). License Number. Enter the license number of the operator who disposed of the drilling fluids.
  - 2d(4). Geographic Location. Enter the geographic location of the lease on which drilling fluids were disposed by ¼, Section, Township, and Range. Mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
  - 2d(5). County. Enter the county in which the fluid disposal is located.
  - 2d(6). Permit Number. If the fluid will be hauled offsite and injected into an enhanced recovery or disposal well, enter the permit number under which the operator is authorized to conduct injection operations into the well.

## Section 3: Verification.

- Signature. The operator or the operator's agent must sign the Well Completion Form.
- 3b. **Title.** The title, with respect to the operator, of the individual signing the form
- 3c. Date. Enter the date on which the form is completed.

## Section 4: Operator and Well Information.

- Operator Name. Enter the operator's full name as it appears on the operator's license.
- Lease Name/Well Number. Enter the lease name and well number for the well.
- 4c. Geographic Location. Enter the location of the well by Section, Township, and Range, and mark the box to indicate if the Range is East or West of the Sixth Principal Meridian.
- 4d. County. Enter the name of the county in which the well is located.

## Section 5: Logs, Samples, and Test Reporting.

- Drill Stem Tests. Mark the box to indicate whether drill stem tests were taken. If drill stem tests were taken, additional sheets must be attached to the ACO-1.
- Samples Sent to Geological Survey. Mark the box to indicate if geologic samples were sent to KGS.
- 5c. Cores Taken. Mark the box to indicate if cores were taken.
- Electric Log Run. Mark the box to indicate if electric log(s) were run on the subject well.
- List All Electric Logs Run. If electric logs were run on the subject well, list all of the electric logs conducted.
- 5f. Formation (Top), Depth, and Datum. Mark the appropriate "Log" or "Sample" box, or both boxes, to indicate whether the formation information is derived from a driller's log or geologic samples. Enter the name of each penetrated producing or storage formation, the formation top, and the datum of the formation top. The formation datum is the distance from the formation top to the mean sea level. It may be a positive or a negative number.

## Section 6: Casing Record.

- New or Used. Mark the box to indicate if the well's casing is new or had been previously used.
- 6b. Casing Strings Used. For each separate string of casing used, enter the following information:
  - 6b(1). Purpose of String. The purpose of the casing string.
  - 6b(2). **Size Hole Drilled.** The size of hole drilled for the casing string.
  - 6b(3). Size Casing Set. The outside diameter of the casing.
  - 6b(4). **Weight.** The weight of the casing set, expressed in pounds per foot.
  - 6b(5). **Setting Depth.** The depth to which the casing string is set.
  - 6b(6). **Type of Cement.** The type of cement used to set the casing string.
  - 6b(7). **# Sacks Used.** The number of sacks of cement used to set the casing string.
  - 6b(8). **Type and Percent Additives.** The type and percent additives to the cement used to set the casing string.

## Section 7: Additional Cementing/Squeeze Record.

- Purpose. Mark the blank(s) indicating the purpose of the additional cementing/squeeze. Mark all that apply.
- 7b. **Depth Top Bottom.** Enter the depth of the additional cementing from top to bottom
- Type of Cement. Enter the type of cement used for the additional cementing.
- Number of Sacks Used. Enter the number of sacks used for the additional cementing.
- Type and Percent Additives. Enter the type and percent of additives to the additional cementing.
- 7f. Three Hydraulic Fracturing Questions. Mark the appropriate box for each question.

# Section 8: Perforation, Acid, Fracture, Shot, and Cement Squeeze Record. For each set of perforations in the well, enter the following information:

- 8a. Shots per foot. Enter the number of perforations per foot.
- 8b. Perforation Record Bridge Plugs Set/Type & Specific Footage of Each Interval Perforated. Enter the type of bridge plugs, the depth the bridge plugs are set for each interval perforated, and the depth of each perforated interval.
- Bc. Acid, Fracture, Shot, Cement Squeeze Record. Enter the amount and kind of material used for any acid, fracture, or shot treatment, and any cement squeeze at each perforation interval.

8d. **Depth.** Enter the depth of the acid, fracture, shot, or cement squeeze at each perforation interval.

## Section 9: Miscellaneous.

- 9a. Tubing Record.
  - 9a(1). Size. Enter the size of tubing set in the subject well.
  - 9a(2). **Set at.** Enter the depth at which the tubing is set in the subject well.
  - Packer at. Enter the depth at which the tubing packer is set in the subject well.
- Liner Run. Mark the appropriate box to indicate if a liner is in the subject well.
- 9c. Date of First or Resumed Production, SWD, or ENHR. For newly completed wells, enter the date of first production, saltwater disposal, or enhanced recovery operations. For workovers or re-entries, enter the date of resumed production, saltwater disposal, or enhanced recovery operations.
- 9d. Producing Method. Mark the appropriate box to indicate by which method the subject well is producing: flowing, pumping, gas lift, or other. If the "other" box is marked, write in a brief explanation of the producing method.
- 9e. Estimated Production Per 24 Hours. Enter the following information regarding the estimated production from the subject well over a 24-hour period:
  - 9e(1). Oil Bbls. Enter the estimated number of barrels oil produced from the subject well in a 24-hour period.
  - 9e(2). Gas Mcf. Enter the estimated amount of gas produced from the subject well in a 24-hour period, expressed in thousands of cubic feet.
  - 9e(3). **Water Bbls.** Enter the estimated number of barrels water produced from the subject well in a 24-hour period.
  - Gas-Oil Ratio. Enter the gas-oil ratio for production from the subject well.
  - 9e(5). **Gravity.** The API gravity (density) of produced oil, measured in degrees.
  - 9e(6). Disposition of Gas. Mark the appropriate box to indicate the disposition of any gas produced from the subject well as vented, sold, or used on lease. If the gas is vented, you must submit an ACO-18 with the ACO-1.
  - 9e(7). Method of Completion; Production Interval. Mark the appropriate box to indicate if the production interval in the subject well is open hole, perforated, dually completed, commingled, or other. If the "other" box is marked, specify the method of completion in the blank provided. If the subject well is producing from commingled zones, you must file an ACO-4 form. If the subject well is dually completed, you must file an ACO-5 form.
  - 9e(8). Production Interval. Enter the footages where the wellbore is perforated.

# Section 10: Hydraulic Fracturing Fluid Product Component Information Disclosure

Section 10 must be completed if Question 3 in Section 7(f) was marked "No". In other words, Section 10 must be completed for each hydraulic fracturing treatment using more than 350,000 gallons of base fluid, if the operator has not submitted all of the required information to FracFocus. "Hydraulic fracturing treatment" means all stages in a well completion utilizing hydraulic fracturing fluid.

- 10a. Last Fracture Date. Enter the date on which the operator concluded fracturing at the well.
- 10b. County. Enter the county where the well is located.
- 10c. API Number. Enter the API number of the well.
- 10d. Operator Name. Enter the operator's full name as it appears on the operator's license.
- 10e. **Well Name and Number.** Enter the well name and well number.
- 10f. Latitude. Enter the GPS latitude for the well.
- 10g. Longitude. Enter the GPS longitude for the well.
- Datum. Provide the horizontal reference datum used with the GPS reading (NAD 27, NAD 83, WGS 84).
- Production Type. Describe the type of completion, as listed in section 1k on the first page of the ACO-1.
- 10j. True Vertical Depth (TVD). Enter the true vertical depth of the well.

- Total Base Fluid Volume (gal). Enter the volume in gallons the total base fluid used.
- 10l. Hydraulic Fracturing Fluid Composition.
  - 10l(1) through 10l(8) must be provided for each base fluid, proppant, and chemical constituent used in each hydraulic fracturing treatment, unless it is the incidental result of a chemical process or a naturally occurring material that becomes part of the fluid during the hydraulic fracturing treatment. Fluids/proppants/chemical constituents subject to 29 CRF 1910.1200(i) appear on material safety data sheets (MSDS), and must be listed at the top of the page. All other fluids/proppants/chemical constituents must be listed at the bottom.
  - Trade Name. Enter the trade name for each fluid/ proppant/chemical constituent.
  - Supplier. Enter the supplier name for each fluid/proppant/ chemical constituent.
  - Purpose. Enter the purpose of each fluid/proppant/ chemical constituent.
  - 10l(4). Ingredients. Enter the ingredients of each fluid/proppant/ chemical constituent. If the ingredients are a trade secret, enter "Trade Secret" in this section.
  - 10l(5). Chemical Abstract Service Number (CAS #). Enter the CAS # for the fluid/proppant/chemical constituent.
  - 10l(6). Maximum Ingredient Concentration in Additive (% by mass). Enter the maximum concentration, as part of the additive, by percent mass, of each propapnt/ chemical constituent. That is, exclude the base fluid from the percent mass calculation. Enter "N/A" for the base fluid. Enter a percentage in this column for each other proppant/constituent.
  - 10I(7). Maximum Ingredient Concentration in HF Fluid (% by mass). Enter the maximum concentration, as part of the hydraulic fracturing fluid, of each fluid/proppant/ chemical constituent. In other words, include the base fluid in the percent mass calculation. Enter a percentage for the base fluid, and also for each proppant and other constituent.
  - 10l(8). Authorized Representative's Name, Address, and Phone Number. For any fluid/proppant/chemical constituent labeled a "Trade Secret" in 10L(4), list the name, authorized representative, mailing address, and phone number of the party claiming the trade secret. If the fluid/proppant/chemical constituent is not a trade secret, this section may be left blank.
- Non-MSDS Data. For non-MSDS fluids/proppants/constituents, enter the data for 10l(1) through 10l(8) here.

# Section 11: Information to attach to the ACO-1 for Mississippi horizontal wellbores

- Attach a directional survey indicating the final path of the horizontal wellbore.
- Attach a plat map depicting the well as it is drilled.
  - a. For horizontal wellbores completed open hole, the plat must depict the surface location, the point at which the wellbore encounters the producing formation (depth and distance from the nearest lease or unit boundary line), any isolation packers and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
  - b. For cased horizontal wellbores, upload a plat that shows the well as it is drilled, including the surface location, the point the wellbore enters the producing formation (depth and distance from the nearest lease or unit boundary line), the location of the first perforation (depth and distance from the nearest lease or unit boundary line), the location of the last perforation (depth and distance from the nearest lease or unit boundary line), and the terminus of the wellbore (depth and distance from the nearest lease or unit boundary line). The lease and unit boundaries must be clearly depicted. Include GPS latitude and

- longitude readings for each point and specify which GPS planar projection was used to determine any footages listed on the map.
- All operators must certify that the information contained on the plat depicting the well as drilled is accurate. Also, all operators must retain the well's completion information depicting how the wellbore was perforated for the life of the well and make it available upon Commission request.

# KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1
Jully 2014
Form must be Typed
Form must be Signed
All blanks must be Filled

# WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

WELL HISTORY - DESCRI	PTION OF WELL & LEASE
OPERATOR: License #1a	API No. 15 - <u>1p</u>
Name:	Spot Description: 1q
Address 1: 1c	1q Sec. 1q Twp. 1q S. R. 1q East West
Address 2: 1c	1r (1) Feet from North / South Line of Section
City:1d State:1dt1d+1d	1r (2) Feet from East / West Line of Section
Contact Person: 1e	Footages Calculated from Nearest Outside Section Corner:
Phone: ( 1f ) 1f	1s  NE NW SE SW
CONTRACTOR: License #	GPS Location: Lat: 1s (1) , Long: 1s (2) (e.gxxx.xxxxx)
Name: 1h	
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84 1s (3)
Purchaser:1j	County: 1t
Designate Type of Completion: 1k	Lease Name: 1u Well #: 1u
New Well Re-Entry Workover	Field Name:1v
□ Oil □ WSW □ SWD □ SIOW	Producing Formation: 1w
Gas D&A ENHR SIGW	Elevation: Ground: 1x (1) Kelly Bushing: 1x (2)
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: 1y Plug Back Total Depth: 1z
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No 1bb (1)
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:1I (1)	If Alternate II completion, cement circulated from:1cc
Well Name:1I (2)	feet depth to: 1cc w/ 1cc sx cmt.
Original Comp. Date: 11 (3) Original Total Depth: 11 (4)  Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer  11 (5) Commingled Permit #: SWD Permit #: SWD ENHR Permit #: GSW Permit #: To Completion #: SWD  Date Reached TD Completion Date or Recompletion Date	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)  Chloride content:
days of the spud date, recompletion, workover or conversion of a well. If con	n Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 fidentiality is requested and approved, side two of this form will be held confi-Drill Stem Test, Cement Tickets and Geological Well Report must be attached.
AFFIDAVIT	KCC Office Use ONLY
I am the affiant and I hereby certify that all requirements of the statutes, rules regulations promulgated to regulate the oil and gas industry have been fully com	s and plied Confidentiality Requested
with and the statements herein are complete and correct to the best of my knowle	eage. Confidential Release Date:

3a

Date: \_

3с

3b

Signature: \_\_\_

☐ Wireline Log Received

UIC Distribution

Geologist Report Received

ALT I II III Approved by: \_\_

\_ Date:

## Page Two

Operator Name:	4a		Lease Name: _	4	łb	Well #:	
Sec. 4c Twp. 4c	S. R. <u>4c</u>	East West	County:	4	ld		
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to s	g and shut-in pressu	res, whether shut-in pre	essure reached sta	tic level, hydrosta	atic pressures, b		
Final Radioactivity Log, lifles must be submitted i				ogs must be ema	ailed to kcc-well-	-logs@kcc.ks.gov	v. Digital electronic lo
Drill Stem Tests Taken (Attach Additional She	eets)	Yes No		· ·	on (Top), Depth		Sample
Samples Sent to Geolog	jical Survey	Yes No	5b Nar	ne		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No	5c 5d		5f		
List All E. Logs Run:					31		
	5e						
		CASING Report all strings set-		lew Used termediate, product	6a		
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
6b (1)	6b (2)	6b (3)	6b (4)	6b (5)	6b (6)	6b (7)	6b (8)
		ADDITIONAL	CEMENTING / SQ	UEEZE RECORD			
Purpose: 7a Perforate	Depth Top Bottom	Type of Cement	# Sacks Used Type and Percent Additives				
Protect Casing Plug Back TD	7b	<b>7</b> c	7d			7e	
Plug Off Zone							
<ol> <li>Did you perform a hydrau</li> <li>Does the volume of the to</li> <li>Was the hydraulic fractur</li> </ol>	otal base fluid of the hy	draulic fracturing treatmen	_	_	No (If No,	skip questions 2 ar skip question 3) fill out Page Three	
Shots Per Foot		N RECORD - Bridge Plugotage of Each Interval Per			ncture, Shot, Ceme mount and Kind of	ent Squeeze Record	d Depth
8a		8b			8c		8d
TUBING RECORD:	Size: 9a (1)	Set At: 9a (2)	Packer At: 9a (3)	Liner Run:	Yes N	lo 9l	b
Date of First, Resumed Pro	oduction, SWD or ENHI	R. Producing Metl	hod: Pumping	Gas Lift (	9d Other (Explain)		
Estimated Production Per 24 Hours	Oil Bt 9e (1)	ols. Gas 9e (2		ter B	Bbls.	Gas-Oil Ratio 9e (4)	Gravity 9e (5)
DISPOSITION	OF GAS: 9e (6)		METHOD OF COMPL	ETION: 9e	(7)	PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease		Perf. Dual	ly Comp. Cor	mmingled		e (8)
(If vented, Submit ACO-18.) Other (Specify)			(Submi	ACO-5) (Sub	omit ACO-4)		

# HYDRAULIC FRACTURING FLUID PRODUCT COMPONENT INFORMATION DISCLOSURE

Last Fracture Date	e:	10a	County:	10b	AF	PI Number:	10c
Operator Name: _		10d		Well Name	and Number:	10e	
Latitude:		10f	Longitude:	10g	Da	itum:10	)h
Production Type: _		10i	True Vertical Depth	(TVD):	10j To	tal Base Fluid Volume (gal)*:	10k
Hydraulic Fracturi	ng Fluid Com	position:					
Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Authorized Representative's Name, Address, and Phone Number
101 (1)	101 (2)	101 (3)	101 (4)	101 (5)	101 (6)	101 (7)	101 (8)
Ingredients show	n above are su	bject to 29 CRF	1910.1200(i) and appear on Material Safety Dat	a Sheets (MSDS). Ingredie	nts shown below are Non-MSDS.	10m	

**Acid & Cement** 

POST OFFICE BOX 438 HAYSVILLE, KS 67060 (316) 524-1225 (316) 524-1027 FAX Invoice

LEASE: ROSE ROCK 32.2 MILE POST 32

Page: 1

BURRTON, KS (620) 463-5161 FAX (620) 463-2104

 GREAT BEND, KS (620) 793-3366
 FAX (620) 793-3536

INVOICE NUMBER: C46553-IN

BILL TO:

MESA QUALITY FOCUSED SPECIALTY CONSTRUCTION PO BOX 52608 TULSA, OK 74152

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE O			INSTRUCTIONS
10/31/2018	C46553	10/31/2018 <b>10-18-0581 MIL</b>		ILE POST	2	NET 30	
QUANTITY	U/M	ITEM NO./DE	SCRIPTION		D/C	PRICE	EXTENSION
25.00	МІ	MILEAGE CEME	NT PUMP TRUCK		20.00	4.00	80.00
1.00	EA	PUMP CHARGE-	SURFACE PIPE		20.00	1,100.00	880.00
150.00	SK	СОММОМ СЕМЕ	NT		20.00	12.75	1,530.00
150.00	EA	BULK CHARGE			20.00	1.25	150.00
176.25	MI	BULK TRUCK - T	ON MILES		20.00	1.10	155.10
REMIT TO:			COP			Not Invoice:	2.705.40
P.O. BOX 4 HAYSVILLE	38 E, KS 67060		IS NOT TAXABLE AND I		PAWC	Net Invoice:  Sales Tax: Invoice Total:	2,795.10 237.58 3,032.68
ECEIVED BY		N	IET 30 DAYS				



FIELD ORDER Nº C 46553

BOX 438 · HAYSVILLE, KANSAS 67060 316-524-1225 Mesa Products Address City To Treat Well As Follows: Lease Sec. Twp. Range \_ County CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules. The undersigned represents himself to be duly authorized to sign this order for well owner or operator. THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED Well Owner or Operator Agent UNIT CODE QUANTITY DESCRIPTION **AMOUNT** COST 2 2 2 150 2 **Bulk Charge** 7.05×15=176.25 TM **Bulk Truck Miles** Process License Fee on Gallons 20 **TOTAL BILLING** I certify that the above material has been accepted and used; that the above service was performed in a good manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below — 698.78 Copeland Representative 2795.10 Station Well Owner Operator or Agent Remarks

**NET 30 DAYS** 



## TREATMENT REPORT

Date 10/31/2018 District GB	FO N		L							
Date 10/31/2018 District GR	FO N		Type Treatment:	Amt.		Type F	luid S	and Size	Pound	s of Sand
Date 10/31/2010 District 0D	7.0.14	o. 46553	Bkdown		Bbl./Gal.					
Company MESA PRODUCTS					Bbl./Gal.					
Well Name & No. ROSE ROCK 32.2					Bbl./Gal.					
Location Field										
County PAWNEE State	KS		Flush		Bbl./Gal.					
			Treated from			ft. to		ft.	No. ft.	0
Casing: Size 10 3/4 Type & Wt.		Set atft	from			ft. to		ft.	No. ft.	0
Formation:	erf.	to	from			ft. to		ft.	No. ft.	0
Formation:	erf.	to	Actual Volume of O	il / Water t	o Load Ho	le:				Bbl./Gal.
Formation:	erf.	to		- Normalii						
Liner: Size Type & Wt. Top at	ft.	Bottom atft.	Pump Trucks.	No. Used:	Std.	365	Sp.		Twin	
Cemented: Yes Perforated from	1	ft. toft.	Auxiliary Equipment	:	Ser.	-	327			
Tubing: Size & Wt. Swur	gat		Personnel GREG	VICTOR OF THE PARTY OF THE PART						
Perforated from	ft. to	ft.	Auxiliary Tools							
			Plugging or Sealing	Materials:	Туре					
Open Hole Size T.D.	ft. P.E	3. toft.						Gals.		ib.
Company Representative	GREG		Treater			GPE	G CURTIS			

TIME	presentative	23011	GREG	Treater	GREG CURTIS
a.m./p.m.	Tubing	Casing	Total Fluid Pumped		REMARKS
4:00				ON LOCATION	
				BREAK CIRCULATION	
				DUMP 150 SVS COMMON STAFF	17
		-	1	PUMP 150 SKS COMMON CEMEN	11
				KNOCK HOSE OFF AND PUMP LIN	IE CLEAN
				DISPLACE WITH 13.5 BBLS OF H20	0
(表)				CIRCLE ATER OF LEVEL TO ALLEY	
提信 医胃			-	CIRCULATED CEMENT TO SURFAC	Œ
5:30				JOB COMPLETE	
111				700 001111 2212	
		_		THANK YOU!!!	
11					
#			-		
			-		
			-		
			<del>                                     </del>		
44					
RH.			-		
			-		
2.4					

# GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225 Fax (316) 524-1027

> **Burrton, Kansas 67020** Phone: (620) 463-5161 Post Office Box 607

MESA QUALITY FOCUSED SPECIALTY CONSTRUCTION COMPANY P.O. BOX 52608 FULSA, OK 74152

Date

Address PAWNEE CO, KANSAS

Lease ROSE KOCK 32.2

MILE PAST 32

PO#10-18-0581

Description of Work

suck up cuttings and mud from drilling procedure. # 165/#245 41/2 hrs.

DRIVER OR OPERATOR

APPROVED BY

# GRESSEL OIL FIELD SERVICE, L.L.C.

Haysville, Kansas 67060 Phone: (316) 524-1225 Post Office Box 438

Burrton, Kansas 67020 Phone: (620) 463-5161 Post Office Box 607

Fax (316) 524-1027

Company P.O. BOX 52608 SPECIALTY CONSTRUCTION JULSA CR 至52

Date

Address PAWNEE CO. KANSAS

Nº 27455

Lease ROSE KOCK 32.2

PO#10-18-0581

Description of Work

HAUL LOAD OF OUTTINGS AND MUD TO UNDERGROUND CAVERN

STABILIZATION, LIC HUTCHINSON, KS.

MILE POST 32

HCS, HC INVOICE #1763 \$607.76

31/2 hrs. 2 H2 100/#

MIRE HOME

DRIVER OR OPERATOR

APPROVED BY



CAVERN STABILIZATION

Underground Cavern Stabilization, LLC

PO Box 225 Great Bend, KS 67530

# RECEIVED

NOV 0 5 2018

# Invoice

Date	Invoice #
11/2/2018	1763

Bill To	Ship To	
Gressel Oil Field Service, LLC PO Box 438 Haysville, KS 67060	BRM #147-1175 Manifest #147-3430	

P.O. Number	Terms	Rep	Ship	Via	F.O.B.		Project
	Net 15		11/1/2018				
Quantity	Item Code		Descripti	on	Price 8	Each	Amount
79.61 31			out - Maximum sale, exempt fr			5.75 150.00 0.00%	457.76° 150.00° 0.00

# 2018 Beneficial Reuse Material Log UCS - Hutchinson Facility

1	T	Mr.k		
	Vehicle	mi Dump Semi T		_
	Chlorides	as Ho Me		_
	Pluid Denuty Chin	PFG PP		12.1 CLEANOLIT
	Volume	(Q)	-	1 40460
	Volume	(60%)	1	9.6/
whit Weight	th Out	(50)	-	16420 3596
We	Volume	11OUA		20 23
NORM	Reading (	1		0
	Emplacemen			SW-13
	Young			50.23
	Scale Tetrer 8		79.6257	10430
	W/Paperwork		246	
Market	Description		Cement slurry	
200	Approval a		147-1175	
Manfey	Tracking #		147-3430	
orter	Driver		Michael	
Transp	Company		Grasseri Dil	
Generator	DR Name		147 Gressel Oil	
	Date	0000/0/00	11/1/2018	

	*,	
51341	Sollar Gressel Oilfield	784367 Date 11-1-18
SALWA, K5	Seller/ Buyer  Address Po Box 438	Remarks
& SERVICE -	State Sip 67000-0438 Store Sell Commodity Cover & Surg	76420 LB 08:24 am 11/01/18
SALINA SCALE SALES	Price  Driver: On Off Civil Civil  Weigher US	35960 LB 09:21 am 11/01/18
·	Post Of GREAT BEND, I	rern Stabilization, LLC fice Box 225 KANSAS 67530-0225 20) 662-6367

No. 1691

LOHOUD Date: 11-1-18

Name

trupalle KS 10 NGC-0438

Quantity: DESCRIPTION OF SERVICE AMOUNT TOTAL

Truck cleanout 15000

TRUCKING COMPANY

Ву:

Form 45

BILL TO:

Address

# BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

1. Covered Survey  2.  3.  14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penaltics of law for the making or submission of false or fraudule representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company off super-visory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true accompany of the persons who, acting under my direct instructions, made the verification that this information is true accompany of the persons who, acting under my direct instructions, made the verification that this information is true accompany of the persons who, acting under my direct instructions, made the verification that this information is true.	5 (address)								
Scheland Present   Control Present   Control Physical Address   Generator/Operator Site Address (if different than me	È Latitude Latitude Idress:								
Generator/Operator Site Address (if different than managed to the properator of th	È Latitude Latitude Idress:								
Turs of 14136  7. Generator/Operator Source Location: Legal Sec. 2 Twp. 32 R. 12 East West Of feet from North South line of section Get from East West line of section    Feet from East West line of Section	È Latitude Latitude Idress:								
Generator/Operator Source Location: Legal   Generator/Operator Source Location: Longitude & Longitude   Generator/Operator Source Location: Longitude & Longitude   Generator/Operator Source Location: Physical Address:   Generator/Operator Source Location: Physical Address:   UCS ID Number:	Latitude ldress:								
Sec. A Twp. 32 R. West West O feet from North/ South line of section feet from East/ West line of section  West line of section  West line of section  UCS ID Number:  UCS ID Number:  UCS ID Number:  10. Designated Facility Name and Site Address: Underground Cavern Stabilization, LLC 7513 South K 14 Hwy South Hutchinson, KS 67505  BRM Description (as noted on the Form 150)  11. Containers 12. Total Quantity 13. Uni No. Type  14. GENERATOR/OPERATOR CERTIFICATION: Under civil and criminal penalties of law for the making or submission of false or fraudule representations (18 U.S.C. 1001; 42 U.S.C. 6928 and U.S.C. 2615), I certify that the information contained in or accompanying this document is supervisory responsibility for the persons who, acting under my direct instructions, gnade the verification that this information that this information that this information is the supervisory responsibility for the persons who, acting under my direct instructions, gnade the verification that this information is respectively und and accuracy. I certify as a company off	Latitude ldress:								
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and complete. As to the identified section(s) of this document for which I cannot personally verify ruth and accuracy, I certify as a company of supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true record.									
Generator/Operator Name Signature Signature Month Day Year	ficial having								
15. Transporter's Acknowledgment of Receipt of Materials									
Transporter   Name   Signature									
Month Day Year	Time								
10 31 2018	15.60 M								
Transporter 2 Name Signature Month Day Year	Time								
16. TRANSPORTER'S CERTIFICATION: I hereby declare that the contents of this consignment have been delivered as prepared by the Generator/Operator this consignment has been transported by the most direct pole possible by current med conditions of the contents of this consignment has been transported by the most direct pole possible by current med conditions.									
terms of the attached Materials Emplacement Permit-Application.	conform to the								
Transporter 1 Name Signature     Month Day Year	Time								
Transporter 2 Norm	8:00:A								
Transporter 2 Name Signature Month Day Year	Time								
17. Discrepancy									
17a. Discrepancy Indication Space	Harris Company of the								
18. Material Emplacement Cavern Well Location:									
<ol> <li>Designated Facility Owner or Operator: Certification of receipt of beneficial reuse materials covered by the manial as noted in Item 17a.</li> </ol>	ifest except								
Name Signature Month Day Year									
113-0 11-0 - 700	Time								
Vicing Hester LBI	Time 8.24AM								



# BENEFICIAL REUSE MATERIAL INSPECTION REPORT

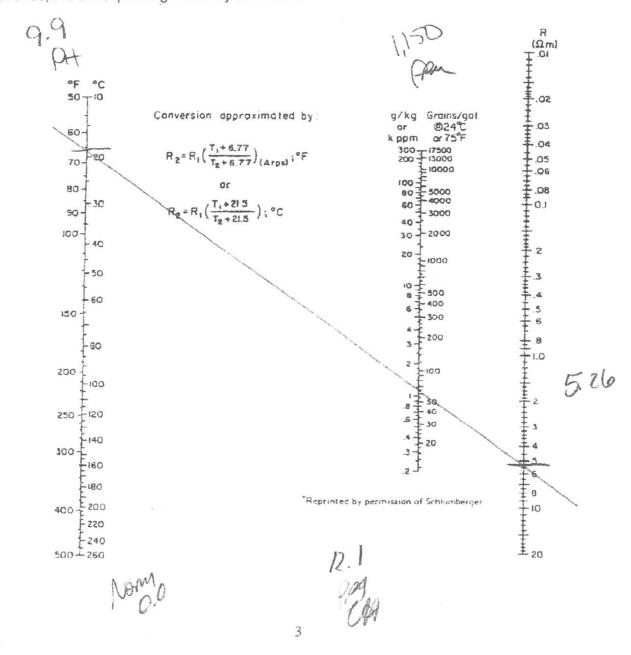
1. Date: 1/-1-18				
2. Time: 8.24Am				
3. Beneficial Reuse Material Name/l	Description:	Cement Slurry		
4. Transporter:		Gressel Oilfield Ser	vices	
5. Name of driver:		Michael		
6. Source of beneficial reuse materia	l as stated by driv	ver: Rose Rose	ck 32.2	
7. Hauling Permit No.:		N/A		
8. Vehicle License No.:	Ва	DOT# 129702		
9. Vehicle Type:		tank		
10. Unauthorized material found in the	e beneficial reuse	material shipment?	Yes	No
11. If "Yes", was Rejected Beneficial	Reuse Material F	orm completed?	Yes	No
12. Photograph identification verfied?		(circle)	Yes	No
13. Identification type	Com	npany ID	Drivers License	(state)
14. Inspector's observations:	Liquid (sludge)	ned in truck. Used pro load - Had to be empl nost Lyons Salt loads.	laced immediately	. Not stored in
<ol> <li>The physical characteristics (i.e. comaterial stream conform to the Mar previous material shipments.</li> </ol>	lor, odor, etc.) of terial Emplaceme	the beneficial reuse ent Application and	Yes	No
16. If "No," was a Rejected Beneficial	Reuse Material F	orm completed?	Yes	No
17. BASED ON MY EXAMINAT BENEFICIAL REUSE MATERIA GENERATOR IN THE GENERAT	L MANIFEST N	UMBER 147-34/2	IS AS DESC	CCEPTED BY RIBED BY THE EET.
Signature of Site Inspector	or .	11-1-	18 Date	
Printed Name of Inspecto	r	2.8	4AM Time	

Truch

## RESISTIVITY NOMOGRAPH FOR NaCI SOLUTIONS\*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



65.3

# GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225

Fax (316) 524-1027

Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

MESA QUALITY FOOLISED SPECIALTY CONSTRUCTION

(ansas 67020

1-2 20 18

Company PA BOX 52608 TULSA, OK 74152

Address PAWNEE (O. KANSAS

Nº 27456

Lease ROSE ROCK 32.2

MILE POST 32 PD#10-18-0581

Description of Work

DRIVE TO LOCATION, PICK UP LOAD OF CUTTINGS & MULLY, HAUT TO HUTCHINGON AT UCS, ITC.

#165/#245 UCS, LLC INVOICE # 1766 \$ \$578.90 91/2 hrs.

MIKE ROMO

DRIVER OR OPERATOR

APPROVED BY

	784378 Date // 2 /8
Seller/ Gressel Ostfield	Remarks
Address R.O. Bux 438	
City Hay Ville	75360 L8 04:21 pm 11/02/18
State 165 zip 67060 - 0438	
Store Sell	36600 LB 04:40 PM 11/02/18
Commodity Born Cemit Sluil)	
Price	
Driver: On A Off	
Shipper The Styles	
Weigher Weigher	



Underground Cavern Stabilization, LLC

PO Box 225 Great Bend, KS 67530

# RECEIVED

NOV 0 6 2018

# Invoice

Date	Invoice #
11/5/2018	1766

Bill To	
Gressel Oil Field Service, LLC	
PO Box 438	
Haysville, KS 67060	

Ship To	
BRM #147-1175	
Manifest #147-3441	

Manifest #147-3441	P.O. Numbe	er Terms	Rep	Ship	Via	F.O.B.		Project
93.22 311 Cement Slurry Manifest #147-3441 8.00% Reno County Sales Tax  5.75 536.02 8.00% 42.88		Net 15	;	11/2/2018				
Manifest #147-3441 8.00% Reno County Sales Tax 8.00% 42.88	Quantity	Item Code		Descrip	tion	Price	Each	Amount
			Manifest #	urry 147-3441	Tax		5.75	536.027

# 2018 Beneficial Reuse Material Log UCS - Mutchinson Facility

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Date	Sec. Sec.	Committee	1	Wante	AND .	Malerai	BRM Agrees		Volume Emplacement	Macement R4	Reading Volum	un and	170	Volume	Volump Huld Densit	S.II.Y	Chlorides		
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Seller/ Grassel Oilfield
Address P.O. Bux 438
City 40-10 V.117
State 100 zip 67060 - 0438
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Commodity Borns Count Svery
Price
Driver: On A goff
Shipper /// Xg14

784378 Date 11-2-18

Remarks\_

75360 LB 04:21 PM 11/02/18

36600 LB 04140 PM 11/02/18

# BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

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1	Generator/Operator     UCS ID Number:	2. Page 1	3. Emerge	ncy	4. Man	ifest Tracking	5	LICS BRM	Approval Numb	
	OCS ID Number:	of	Response	Phone #:	Numbe	r:		OCS DIGIN	Approvat Numb	
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	6. Generator/Operator Na	Generator/C	perator Site A	ddress (i	different that	n mailing address)				
	Kose Rock Midstream LP 15120 5 York Ave #700					32	8	on on one and	a maning address)	
	Tulsa Ot 74136									
	Secondary Operator Source Location: Legal Secondary Tipe Source Location Secondary Tipe Source Location Secondary Tipe Source Location Secondary Tipe S					Kose Rain 300				
						Generator/Operator Source Location: Longitude & Latitude Longitude Latitude				
						Generator/Operator Source Location: Physical Address:				
			est line of se	ection			- 200410	in Thysical	Address:	
11		nty, Kansas								
GENERATOR/OPERATOR	8. Transporter 1 Company					UCS ID	Number			
A.T.	Oversel ?	Sil ·								
EK /	9. Transporter 2 Company			UCS ID 1	Number:					
5										
5 1	0. Designated Facility Na	Under	ground Caver	n Stabilization	IIC					
3				7513 5	South K14 Hv	vy	, LLC			
E	Facility's Phone Number	- 670 467 62	r 19	South	Hutchinson, 1	KS 67505				
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# BENEFICIAL REUSE MATERIAL INSPECTION REPORT

1. Date: 11-2-18				
2. Time: 4:21 PM				
3. Beneficial Reuse Material Name/Description:	Cement	Slurry		
4. Transporter:	Gressel	Oilfield Ser	vices	
5. Name of driver:	M	rke		
6. Source of beneficial reuse material as stated by	driver:	Rose Ro	ck 322 37.8	
7. Hauling Permit No.:	N/A			
8. Vehicle License No.:	Ba DOT#	129702		
9. Vehicle Type:	Sen	y Ta	inter	
10. Unauthorized material found in the beneficial re-	euse material s		Yes	No
11. If "Yes", was Rejected Beneficial Reuse Materia			Yes	No
12. Photograph identification verfied?	•	(circle)	Yes	No
13. Identification type	Company ID	,	Drivers License	
Liquid (slud	ntained in truc ge) load - Had ke most Lyons	to be empl	ocess knowledge.	
<ol> <li>The physical characteristics (i.e. color, odor, etc. material stream conform to the Material Emplace previous material shipments.</li> </ol>	) of the benefi	icial reuse	Yes	No
16. If "No," was a Rejected Beneficial Reuse Materia	al Form comp	leted?	Yes	No
17. BASED ON MY EXAMINATION, THE BENEFICIAL REUSE MATERIAL MANIFEST GENERATOR IN THE GENERATOR BENEFIC	BENEFICIAL	REUSE	MATERIAL A	CCEPTED BY
Signature of Site Inspector			-2-18 Date	
Stove Pandu  Printed Name of Inspector		4:	21 PM	

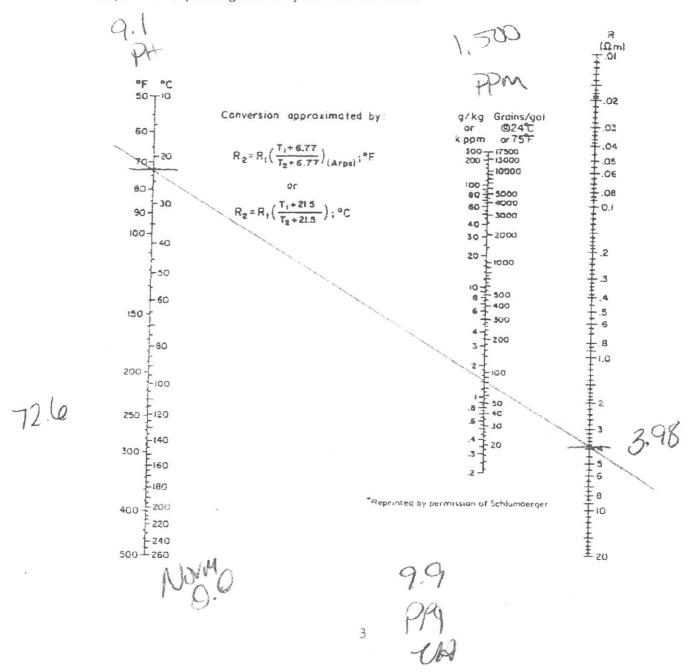
14-18

Trech

## RESISTIVITY NOMOGRAPH FOR NaCI SOLUTIONS\*

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



# GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225

Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

MESA QUALITY FOCUSED SPECIALLY CONSTRUCTION 0 BOX 52608 Fax (316) 524-1027

Company JULSA, OK 74152

Address PAWNEE OD. KANSAS

Lease KOSE ROCK 32.2

MILE POST 32

PO"10-18-0581

Description of Work

DRIVE TO LOCATION PICKUP LOAD OF CUTTINGS AND MUD.

#165/#245

BRING BACK TO GT. BEND

5hrs,

DRIVER OR OPERATOR

APPROVED BY

# GRESSEL OIL FIELD SERVICE, L.L.C.

Post Office Box 438 Haysville, Kansas 67060 Phone: (316) 524-1225

Post Office Box 607 Phone: (620) 463-5161 Burrton, Kansas 67020

QUALITY FOCUSED Fax (316) 524-1027

SPECIALTY CONSTRUCTION PO BOX 52608 TULSA, OK 74152

Address PAWNEE CO. KANSAS Company\_

PO#10-18-0581

Nº 27458

MILE HIST 32

Lease

ROSE KOCK 32.2

Description of Work

LAKE LOAD OF OUTLINGS AND MUD TO LOS, LLC AF #JOHNSON. UCS, LLC INVOICE #1768

#305.67

Mille Romo #165/#115

DRIVER OR OPERATOR

APPROVED BY

	784381 Date 11-6-18
Seller Grebel Oitheld	Remarks
Address Po Box 438	
city Hupoille	
State #S Zip 67000-0438	63820 LB 09:56 am 11/06/18
Store Sell	
Price	36360 LB 10:32 am 11/06/18
Driver: On Off Shipper Mild Horus	
Weigher	



# Underground Cavern Stabilization, LLC

PO Box 225 Great Bend, KS 67530

# Invoice

Date	Invoice #
11/7/2018	1768

Bill To
Gressel Oil Field Service, LLC PO Box 438
Haysville, KS 67060

Ship To	
BRM #147-1175	
Manifest #147-3444	

Quantity Item Code Description  53.16 311 Cement Slurry Manifest #147-3444 Tax Exempt Sales Tax	Price E		Amount 305.671
53.16 311 Cement Slurry Manifest #147-3444		5.75	305.677
Manifest #147-3444	(		305.677

# 2018 Beneficial Reuse Material Log UCS - Hutchinson Facility

e cle	THE REAL PROPERTY.	,	*
Vehicle			
hiprides		900	-
8		-	
Tud Density		12.3	
Volume		27450	
Volume		36360 53.16	-
Weight Out Next			
Weight sn (lbs)		13.73 63820	
Volume (Tent)	-	13.73	
Reading (random		0	
Emplacemen		SW-13	
Volume (Tons)		13 73	
Scale Teters		784381	
BRM Agrees w/Paperwork		YES	
Material		Cement slurny	
BRM Aportovi a		47-1175	
Manifest Tracking #		147-3444	
Driver	-	Michael	
Transpo		Gressel Oil	
Generator 10 # Name	Concept Oil	Section of the sectio	
Date	11/6/2018	nend la luc	

Seller/Gressel Oitheld
Address Po Box 438
cily Augustle
State 145 zip 167060-0438
Store Sell
Commodity Canut Sury
Price
Driver: On Off Shipper Mill Coluce

1381	4	8	7
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Date 11-6-18

Remarks \_\_\_\_\_

83820 LB 09:56 am 11/06/18

78360 LB 10:32 am 11/06/18

# BENEFICIAL REUSE MATERIALS MANIFEST-PROCESS KNOWLEDGE

rease print o										
1. C	Generator/Operator S ID Number:	2. Page 1 of	3. Emerge		4. Manife	st Tracking	5.	UCS BRI	M Approval 1	Number
1 1	147 Response Phone #:			- Number:						
1	6. Generator/Operator Name and Mailing Address:					147-3444 147:-1175				
I N	Rose Rock Midstream LP isizo 5 York Ave #700				Generator/Operator Site Address (if different than mailing address)					
7. G	7. Generator/Operator Source Location: Legal					Rose Pock 322  Generator/Operator Source Location: Longitude & Latitude				
St	Secso & Two See R. No Fast West &					erator Sourc Longi	e Locatio	m: Longit		
11 -	reet from North/ South line of section					erator Source	e Locatio	n: Physic	Latitu	de
1	feet from East/ West line of section County, Kansas							111/510	ar Audress.	
≈ 8. Tr	ransporter 1 Company	Name				UCS ID	Number	-		
2 00	Gressel E	Sil -				00010	rvannoci.			
9. T	ransporter 2 Company	Name"		-		UCS ID	Number:			
9. TO 10. I							· ····································			
5 10. 1	Designated Facility Na	ame and Site	\ddress:	Under	ground Cavern	Ctabilinas'	110			
5				7513 5	South K14 Hwy	2(80) HX8[10]	n, LLC			
Fa	cility's Phone Number	(20 (40 40		South	Hutchinson, K	S 67505				
BR	cility's Phone Number M Description (28 no	1: 620.662.63	67							
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# BENEFICIAL REUSE MATERIAL INSPECTION REPORT

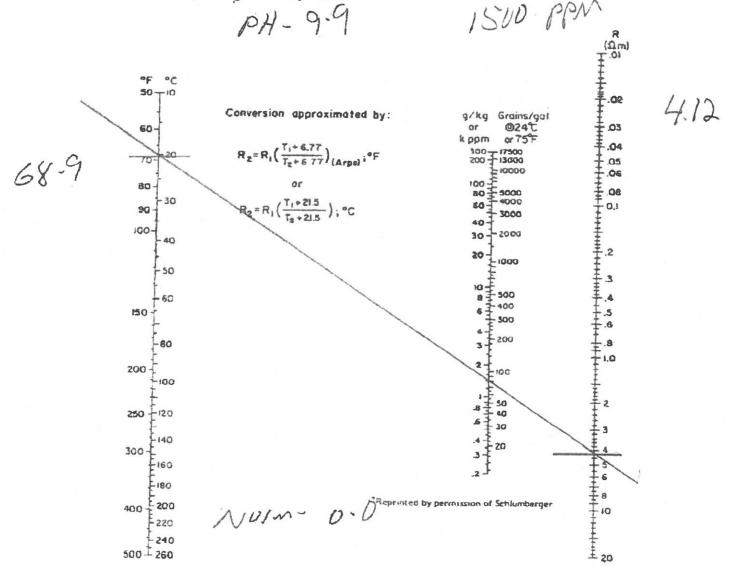
1. Date: 11-6-18					
2. Time: 9:56An					
3. Beneficial Reuse Material Name/	Description:	Cement S	lurry		
4. Transporter:		Gressel O	ilfield Ser	vices	
5. Name of driver:		Mid	rael		
6. Source of beneficial reuse materia	l as stated by driv	ver:	Rose Rose	ck 32.2	
7. Hauling Permit No.:		N/A			
8. Vehicle License No.:	Ba	DOT#	129702		
9. Vehicle Type:		Jan	k		
10. Unauthorized material found in the	e beneficial reuse	material sl	nipment?	Yes	No
11. If "Yes", was Rejected Beneficial	Reuse Material F	orm comple	eted?	Yes	No
12. Photograph identification verfied?			(circle)	Yes	No
13. Identification type	Com	ipany ID		Drivers License	
14. Inspector's observations:	Material contain Liquid (sludge) Clearspan like n	load - Had	to be empl	ocess knowledge. aced immediately	
<ol> <li>The physical characteristics (i.e. comaterial stream conform to the Mat previous material shipments.</li> </ol>	lor, odor, etc.) of terial Emplaceme	the benefic ant Applicat	cial reuse tion and	Yes	No
16. If "No," was a Rejected Beneficial	Reuse Material F	orm compl	eted?	Yes	No
17. BASED ON MY EXAMINATE BENEFICIAL REUSE MATERIAL GENERATOR IN THE GENERAL	ION, THE BEI	NEFICIAL	REUSE	MATERIAL A	ACCEPTED BY
Signature of Site Inspecto				0-18 Date	
Printed Name of Inspector			R.P	Time	

11-6-18 GIOLLI Truck

# **RESISTIVITY NOMOGRAPH FOR NaCI SOLUTIONS\***

This nomograph is used to determine the quantity of sodium chloride (in combination with distilled water or some other salt free aqueous medium) that is necessary to produce a solution with the same resistivity as the test sample. The concentration levels for carbonate salts, calcium salts, hydroxyl salts, etc., can be found in conductance tables for aqueous solutions.

Use a straight edge to connect the values of the corresponding resistivity and temperature readings. The point where the straight edge touches the salinity scale indicates the concentration of sodium chloride. By aligning a given temperature and concentration of sodium chloride, the corresponding resistivity can also be found.



12.3 PP 6