

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](mailto: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

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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# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 1132

Cell 785-324-1041

Date	10-29-18	Sec.	31	Twp.	8	Range	12	County	Oshorne	State	Ks	On Location		Finish	3:00 AM
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Lease Dixon  
Well No. 1-31  
Location Lucas - 13N, 1/8 W, N1/4 Int

Contractor	Royal #2	Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.
Type Job	Longstring	Charge To	Bruce oil
Hole Size	7 7/8"	T.D.	3075'
Csg.	5 1/2" used	Depth	3078'
Tbg. Size		Depth	<del>3078'</del>
Tool		Depth	
Cement Left in Csg.	7 1/2'	Shoe Joint	7 1/2'
Meas Line		Displace	72 BLS

EQUIPMENT		Common	185
Pumptrk	17	No. Cementer Helper	Glenn
Bulktrk	9	No. Driver	Tony
Bulktrk	p.u.	No. Driver	Rick

JOB SERVICES & REMARKS		Hulls	
Remarks:		Salt	15
Rat Hole	30 SX	Flowseal	
Mouse Hole	<del>30 SX</del> 15 SX	Kol-Seal	
Centralizers	pipe on bottom break Circulator	Mud CLR 48	500 gal
Baskets	pump 500 gal mud Clear 48. Plug	CFL-117 or CD110 CAF 38	
D/V or Port Collar	Rat hole + Mousehole. Hold to 5 1/2" Casing + mix 140 SX Cement	Sand	
	Shut down. wash pump + lines	Handling	200
	Displaced plug w/ 72 BLS of H2O	Mileage	
	Released + held.		

FLOAT EQUIPMENT		Guide Shoe	
	Lift pressure 750#	Centralizer	5
	Land plug to 1700#	Baskets	3
		AFU Inserts	
		Float Shoe	1
		Latch Down	1

THANKS

Pumptrk Charge *prod string*

Mileage 35

Signature <i>Doug Bues</i>	Tax	
	Discount	
	Total Charge	

# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

Home Office P.O. Box 32 Russell, KS 67665

No. 1125

Cell 785-324-1041

Date	10-24-15	Sec.	31	Twp.	8	Range	12	County	Osborne	State	KS	On Location	7-15 AM
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Lease Dixon Well No. 2 Location Lusaw - 13 N, 1/8 W, N/10

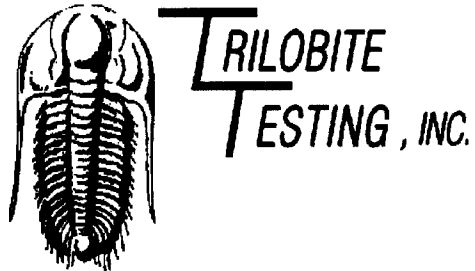
Contractor	<u>Royal</u>	Owner	To Quality Oilwell Cementing, Inc.
Type Job	<u>Surface</u>	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.	
Hole Size	<u>12 1/4"</u>	T.D.	<u>685'</u>
Csg.	<u>5 3/8</u>	Depth	<u>683'</u>
Charge to	<u>Bruce Oil</u>		
Tbg. Size		Depth	
Tool		Depth	
Cement Left in Csg.	<u>20'</u>	Shoe Joint	<u>20'</u>
Meas Line		Displace	<u>42 BCS</u>

<b>EQUIPMENT</b>		Common
Pumptrk	<u>17</u> No. <u>Cement</u>	Poz. Mix
	<u>Helper</u> <u>David</u>	
Bulktrk	<u>19</u> No. <u>Driver</u>	Gel.
	<u>Driver</u> <u>Sack</u>	
Bulktrk	<u>P.H.</u> No. <u>Driver</u>	Calcium
	<u>Driver</u> <u>Sack</u>	

<b>JOB SERVICES &amp; REMARKS</b>		Hulls
Remarks:	<u>Cement did Circulate</u>	Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
		Handling
		Mileage

<b>FLOAT EQUIPMENT</b>	
Guide Shoe	<u>Rubber Plug</u>
Centralizer	
Baskets	
AFI Inserts	
Float Shoe	
Latch Down	

Pumptrk Charge		Tax	
Mileage		Discount	
Signature	<u>Long Buddy</u>	Total Charge	



## DRILL STEM TEST REPORT

Prepared For: **Bruce Oil Company**

1704 Limestone Rd McPherson KS  
67460+6500

ATTN: Bob Peterson

### **Dixon #1-31**

#### **31-8s-12w Osborne, KS**

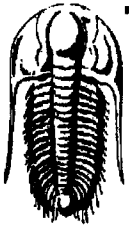
Start Date: 2018.10.28 @ 00:45:00

End Date: 2018.10.28 @ 08:10:30

Job Ticket #: 64789                      DST #: 1

Trilobite Testing, Inc  
1515 Commerce Parkway Hays, KS 67601  
ph: 785-625-4778 fax: 785-625-5620

Printed: 2018.10.30 @ 14:09:53



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Bruce Oil Company  
 1704 Limestone Rd McPherson KS 67460+6500  
 ATTN: Bob Peterson

**31-8s-12w Osborne, KS**  
**Dixon #1-31**  
 Job Ticket: 64789      **DST#: 1**  
 Test Start: 2018.10.28 @ 00:45:00

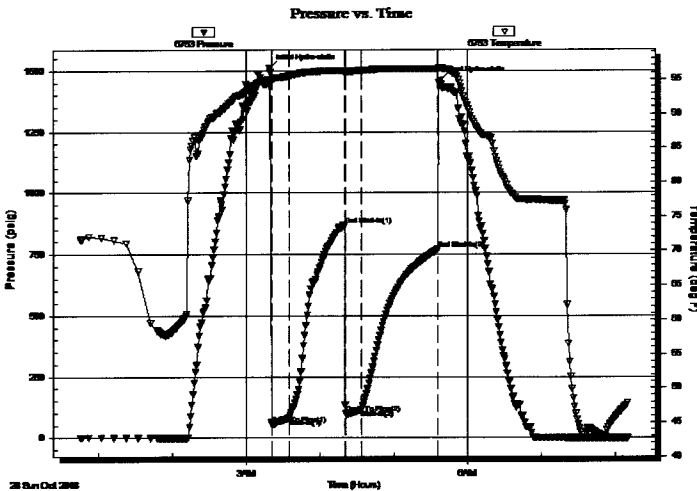
## GENERAL INFORMATION:

Formation: **LKC A-C**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 03:21:00  
 Time Test Ended: 08:10:30  
 Interval: **2985.00 ft (KB) To 3040.00 ft (KB) (TVD)**  
 Total Depth: 3040.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole (Initial)  
 Tester: Benny Mulligan / Bra  
 Unit No: 73  
 Reference Elevations: 1753.00 ft (KB)  
 1746.00 ft (CF)  
 KB to GRVCF: 7.00 ft

**Serial #: 6753**      **Outside**  
 Press@RunDepth: 114.53 psig @ 2986.00 ft (KB)      Capacity: 8000.00 psig  
 Start Date: 2018.10.28      End Date: 2018.10.28      Last Calib.: 2018.10.28  
 Start Time: 00:45:05      End Time: 08:10:29      Time On Btm: 2018.10.28 @ 03:19:00  
 Time Off Btm: 2018.10.28 @ 05:38:00

**TEST COMMENT:** 15-I.F.-BOB 2 mins otal build of 35.55"  
 30-I.S.I.-No blow  
 15-F.F.- BOB in 8 mins built to 13.08"  
 60-F.S.I.- No blow

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1512.15	94.94	Initial Hydro-static
2	55.03	94.97	Open To Flow (1)
16	81.28	95.52	Shut-In(1)
61	868.17	96.26	End Shut-In(1)
62	98.99	96.05	Open To Flow (2)
75	114.53	96.31	Shut-In(2)
137	769.55	96.54	End Shut-In(2)
139	1460.84	96.62	Final Hydro-static

## Recovery

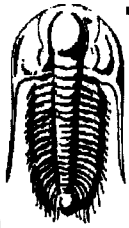
Length (ft)	Description	Volume (bbl)
64.00	OCMW, 15% O , 20% M , 65% W	0.91
128.00	SGWMCO, 5% G, 10% W, 20% M, 65% C	1.81
33.00	MCO, 30% M, 70% O	0.47
0.00	30 feet GIP	0.00

## Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)







**TRILOBITE  
TESTING, INC**

**DRILL STEM TEST REPORT**

**TOOL DIAGRAM**

Bruce Oil Company  
1704 Limestone Rd McPherson KS 67460+6500  
ATTN: Bob Peterson

**31-8s-12w Osborne, KS**  
**Dixon #1-31**  
Job Ticket: 64789      **DST#: 1**  
Test Start: 2018.10.28 @ 00:45:00

**Tool Information**

Drill Pipe:	Length: 2986.00 ft	Diameter: 3.82 inches	Volume: 42.33 bbl	Tool Weight: 2500.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 50000.00 lb
			<u>Total Volume: 42.33 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	29.00 ft			String Weight: Initial 46000.00 lb
Depth to Top Packer:	2985.00 ft			Final 49000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	55.00 ft			
Tool Length:	83.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			2958.00	
Shut In Tool	5.00			2963.00	
Hydraulic tool	5.00			2968.00	
Jars	5.00			2973.00	
Safety Joint	3.00			2976.00	
Packer	5.00			2981.00	28.00      Bottom Of Top Packer
Packer	4.00			2985.00	
Stubb	1.00			2986.00	
Recorder	0.00	6771	Inside	2986.00	
Recorder	0.00	6753	Outside	2986.00	
Perforations	17.00			3003.00	
Change Over Sub	1.00			3004.00	
Drill Pipe	32.00			3036.00	
Change Over Sub	1.00			3037.00	
Bullnose	3.00			3040.00	55.00      Bottom Packers & Anchor

**Total Tool Length: 83.00**



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Bruce Oil Company

**31-8s-12w Osborne, KS**

1704 Limestone Rd McPherson KS 67460+6500

**Dixon #1-31**

Job Ticket: 64789

**DST#: 1**

ATTN: Bob Peterson

Test Start: 2018.10.28 @ 00:45:00

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API: 35 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity: 80000 ppm
Viscosity: 58.00 sec/qt	Cushion Volume: bbl	
Water Loss: 7.99 in <sup>3</sup>	Gas Cushion Type:	
Resistivity: ohm.m	Gas Cushion Pressure: psig	
Salinity: 4300.00 ppm		
Filter Cake: inches		

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
64.00	OCMW, 15% O, 20% M, 65% W	0.907
128.00	SGWMCO, 5% G, 10% W, 20% M, 65% O	1.814
33.00	MCO, 30% M, 70% O	0.468
0.00	30 feet GIP	0.000

Total Length: 225.00 ft      Total Volume: 3.189 bbl

Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

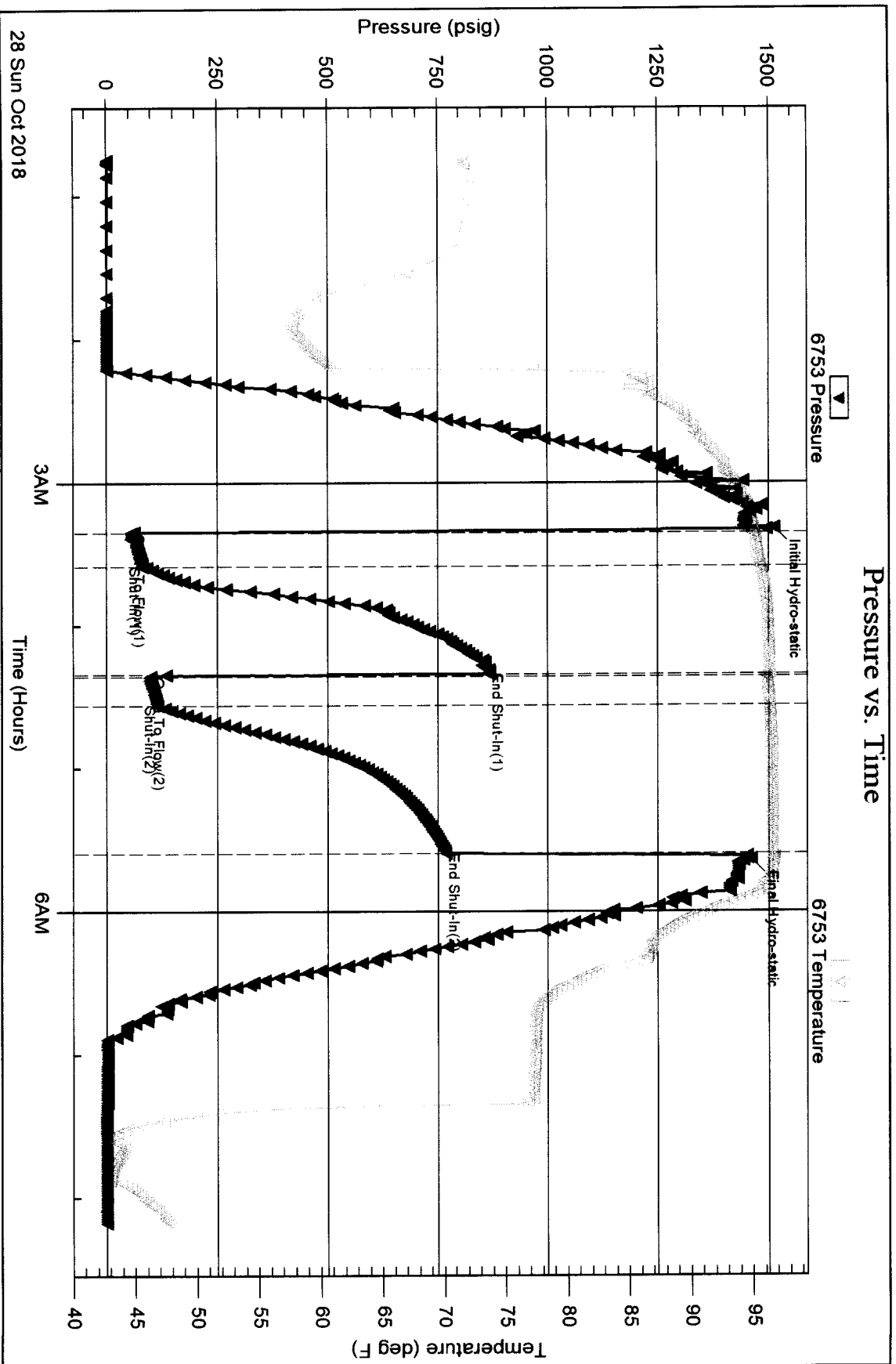
Recovery Comments: RW, 0.12 @49deg

Serial #: 6753

Outside Bruce Oil Company

Dixon #1-31

DST Test Number: 1



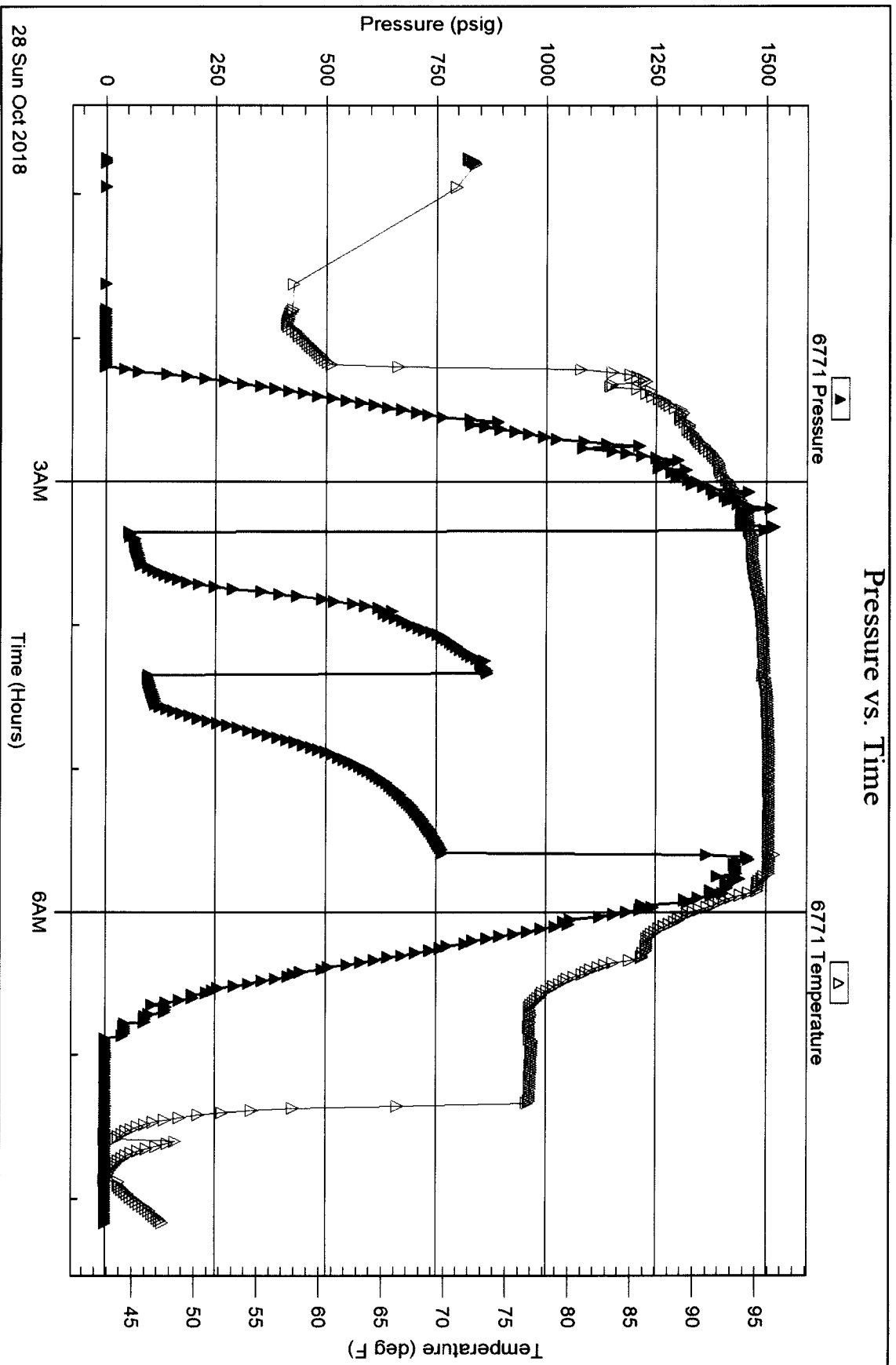
Serial #: 6771

Inside

Bruce Oil Company

Dxon #1-31

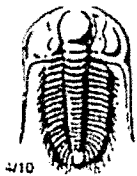
DST Test Number: 1



Tribotite Testing, Inc

Ref. No: 64789

Printed: 2018, 10, 30 @ 14:09:54



# TRILOBITE TESTING INC.

1515 Commerce Parkway - Hays, Kansas 67601

## Test Ticket

NO. 64789

Well Name & No. Dixon #31 Test No. 1 Date 10-28-2018  
 Company Brace Oil Company Elevation 1753 KB 1746 GL  
 Address 1704 Limestone RD McPherson KS 67460+6500  
 Co. Rep / Geo. Bob Peterson Rig Royal Rig 2  
 Location: Sec. 31 Twp 8S Rge. 12W Co. Osborne State KS

Interval Tested 2985-3040 Zone Tested Lansing A-C  
 Anchor Length 55' Drill Pipe Run 2986' Mud Wt. 8.6  
 Top Packer Depth 2980 Drill Collars Run \_\_\_\_\_ Vis 58  
 Bottom Packer Depth 2985 Wt. Pipe Run \_\_\_\_\_ WL 8.0  
 Total Depth 3040 Chlorides 4300 ppm System LCM 1.5#

Blow Description I.F. - BOB in 2 mins / built to 35.55"  
I.S.I. - no blow  
E.F. - BOB in 8 mins / built to 13.08"  
F.S.I. - no blow

Rec	Feet of	%gas	%oil	%water	%mud
<u>64</u>	<u>OCMW, 15%O, 20%M, 65%W</u>	<u>15</u>	<u>65</u>	<u>20</u>	<u>0</u>
<u>128</u>	<u>SGW/MCO</u>	<u>5</u>	<u>65</u>	<u>10</u>	<u>20</u>
<u>33</u>	<u>MCO</u>	<u>70</u>	<u>0</u>	<u>30</u>	<u>0</u>
<u>0</u>	<u>30' CIP</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>225</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Rec Total 225 BHT 97° Gravity 35 API RW 0.12 @ 49 °F Chlorides 5000 ppm

(A) Initial Hydrostatic 1512  Test 1050 T-On Location 00:25  
 (B) First Initial Flow 55  Jars 250 T-Started 00:45  
 (C) First Final Flow 81  Safety Joint 75 T-Open 03:20  
 (D) Initial Shut-In 568  Circ Sub \_\_\_\_\_ T-Pulled 05:35  
 (E) Second Initial Flow 98  Hourly Standby \_\_\_\_\_ T-Out 08:10  
 (F) Second Final Flow 114  Mileage 130 RT 130 Comments \_\_\_\_\_  
 (G) Final Shut-In 769  Sampler \_\_\_\_\_  
 (H) Final Hydrostatic 1460  Straddle \_\_\_\_\_  EM Tool \_\_\_\_\_  
 Shale Packer \_\_\_\_\_  Ruined Shale Packer \_\_\_\_\_  
 Extra Packer \_\_\_\_\_  Ruined Packer \_\_\_\_\_  
 Extra Recorder \_\_\_\_\_  Extra Copies \_\_\_\_\_  
 Day Standby \_\_\_\_\_ Sub Total 0  
 Accessibility \_\_\_\_\_ Total 1505  
 Sub Total 1505 MP/DST Disc't \_\_\_\_\_

Approved By \_\_\_\_\_ Our Representative Bobby McPherson / Brennan Lonsdale  
 TriLOBITE TESTING INC. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.