

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Geological Report

Wray #1

2460' FSL & 2270' FWL

Sec. 19 T13s R34w

Logan County, Kansas



WK Oil, Inc.

General Data

Well Data:	WK Oil, Inc. Wray #1 2460' FSL & 2270' FWL Sec. 19 T13s R34w Logan County, Kansas API # 15-109-21566-0000
Drilling Contractor:	WW Drilling, Inc. Rig #2
Geologist:	Jason T Alm
Spud Date:	November 23, 2018
Completion Date:	November 30, 2018
Elevation:	2964' Ground Level 2969' Kelly Bushing
Directions:	Russell Springs KS. Intersection of hwy 25 and Broadway St. East 1 mile to Plains Rd. North and East 1 ½ mile.
Casing:	260' 8 5/8" surface casing
Samples:	10' wet and dry, 3450' to RTD
Drilling Time:	3300' to RTD
Electric Logs:	None
Drillstem Tests:	None
Problems:	None
Remarks:	None

Formation Tops

	WK Oil, Inc.
	Wray #1
	Sec. 19 T13s R34w
Formation	2460' FSL & 2270' FWL
Anhydrite	2375' +594
Base	2396' +573
Topeka	3566' -597
Heebner	3792' -823
Toronto	3814' -845
Lansing	3844' -875
Muncie Creek	4002' -1033
BKC	4164' -1195
Marmaton	4212' -1243
Pawnee	4294' -1325
Fort Scott	4354' -1385
Cherokee	4383' -1414
Johnson	4430' -1461
Morrow	4486' -1517
Mississippian	4515' -1546
RTD	4525' -1556

Sample Zone Descriptions

No Significant oil or gas shows were encountered

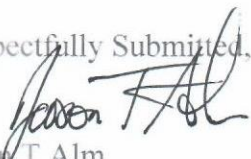
Structural Comparison

	WK Oil, Inc. Wray #1 Sec. 19 T13s R34w 2460' FSL & 2270' FWL	Black Tea Oil, LLC. Pahls A #1 Sec. 20 T13s R34w 1980' FSL & 2300' FEL		Wycoff & Williams Teague #1 Sec. 23 T13s R35w 330' FSL & 330' FEL	
Formation					
Anhydrite	2375' +594	2361' +597	(-3)	NA	NA
Base	2396' +573	2383' +575	(-2)	NA	NA
Topeka	3566' -597	3556' -598	(+1)	NA	NA
Heebner	3792' -823	3781' -823	FL	3698' -820	(-3)
Toronto	3814' -845	3802' -844	(-1)	NA	NA
Lansing	3844' -875	3832' -874	(-1)	3744' -866	(-9)
Muncie Creek	4002' -1033	3986' -1028	(-5)	NA	NA
BKC	4164' -1195	4149' -1191	(-4)	NA	NA
Marmaton	4212' -1243	4199' -1241	(-2)	NA	NA
Pawnee	4294' -1325	3284' -1326	(+1)	NA	NA
Fort Scott	4354' -1385	4344' -1386	(+1)	NA	NA
Cherokee	4383' -1414	4371' -1413	(-1)	NA	NA
Johnson	4430' -1461	4415' -1457	(-4)	NA	NA
Morrow	4486' -1517	4467' -1509	(-8)	NA	NA
Mississippian	4515' -1546	4502' -1544	(-2)	4505' -1627	(+81)

Summary

The location for the Wray #1 was found via 3-D seismic survey. The new well ran structurally as expected via the survey. No Drill Stem Tests were conducted due to lack of oil and gas shows. After all gathered data had been examined the decision was made to plug and abandon the Wray #1 well.

Respectfully Submitted,



Jason T Alm
Hard Rock Consulting, Inc.



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

12085
 11971

TICKET NUMBER **55933**
 LOCATION Oakley, KS
 FOREMAN Miles Shaw

**FIELD TICKET & TREATMENT REPORT
 CEMENT**

Invoice # **814641** *15*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-24-18	8895	Wray #1	19	13 S	34 W	Logan
CUSTOMER WK Oil 1-830-643-4736			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS PO box 829 Chanute A.W. McCarty			753 Corey W			
CITY STATE ZIP CODE Luling TX 78648			774/T-127 neil white			
			703 miles shaw			

JOB TYPE Surface HOLE SIZE 12.25" HOLE DEPTH 260' CASING SIZE & WEIGHT 5 5/8" 24 #
 CASING DEPTH 260' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.8 SLURRY VOL 1.36 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15.25 lb/sk DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting and Rig up on Wray #1 drilling Rig #2 Circulate casing
mix 200 sx Surface blend II displace 15.25 lb/sk water cement did Circulate
4 1/2 sk top it

Thanks Miles Shaw

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150. ⁰⁰	1150. ⁰⁰
CE0002	25	MILEAGE	7.15	178.75
CE0711	914 TONS	Ton Mts. Delivery	660. ⁰⁰	660. ⁰⁰
16782 CE0871	200 SX	Surface Blend II	24. ⁰⁰	4800. ⁰⁰
			Subtotal	6788.75
			less 25% discount	1697.18
			Subtotal	5091.56
			SALES TAX	288.00
			ESTIMATED TOTAL	5379.56

Flavin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.