

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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HURRICANE SERVICES INC

Remit To: Hurricane Services, Inc.
250 N. Water, Suite 200
Wichita, KS 67202
316-303-9515

Customer:
BAUER OIL INVESTMENTS
4370 W 271ST
LOUISBURG, KS 66053

Invoice Date: 12/7/2018
Invoice #: 0050435
Lease Name: Maschler
Well #: 42 (New)
County: Miami

Date/Description	HRS/QTY	Rate	Total
ICT1644 Longstring	0.000	0.000	0.00
Pump truck #271	1.000	600.000	600.00
Heavy Eq Mileage	35.000	3.000	105.00
Ton Mileage-Minimum	1.000	225.000	225.00
Vac truck 80bbl 109	2.000	67.500	135.00
Fresh water	3,360.000	0.011	37.80
Oil well cement	60.000	14.700	882.00
Top rubber plug 2 7/8"	1.000	28.000	28.00

Total 2,012.80

TERMS: Net 30 days. Interest may be charged on past due invoice at rate of 1 ½% per month or maximum allowed by applicable state or federal laws. HSI has right to revoke any discounts applied in arriving at net invoice price if invoice is past due. If revoked, full invoice price without discount plus additional sales tax, as applicable, is due immediately and subject to interest charges. Customer agrees to pay all collection costs directly or indirectly incurred by HSI in the event HSI engages a third party to pursue collection of past due invoice.

SALES TAX: Services performed on oil, gas and water wells in Kansas are subject to sales tax, with certain exceptions. HSI relies on the well information provided by the customer in identifying whether the services performed on wells qualify for exemption.

WE APPRECIATE YOUR BUSINESS!

DRILL LOG

Operator License# 34221

API 15-121-31522-00-00

Operator Bauer Oil Investments, LLC

Lease Name Maschler

Address 4370 W 271 St, Louisburg, KS 66053

Well # 42

Phone _____

Spud Date _____ Completed _____

Contractor License 32834 - JTC Oil, Inc.

Location _____ of _____

T.D. 520 T.D. of Pipe 501

_____ feet from _____

Surf. Pipe Size 6 7/8 Depth 20 ft.
3 Sacks Portland Cement
 Kind of Well Producer

_____ feet from _____

County Miami

Thickness	Strata	From	To	Thickness	Strata	From	To
2	soil lime	0	2	19	lime	230	249
11	lime	2	13	4	coal	249	253
55	shale	13	71	15	lime	253	268
11	lime	71	82	171	shale	268	439
32	shale	82	114	2	oil sand	439	441 ok
7	lime	114	121	2	oil sand	441	443 ok
52	shale	121	166	2	oil sand	443	445 ok
9	lime	166	175	2	oil sand	445	447 ok
15	shale	175	190	2	oil sand	447	449 good
30	lime	190	220	2	oil sand	449	451 good
10	coal	220	230	2	oil sand	451	453 v good

<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>	<u>Thickness</u>	<u>Strata</u>	<u>From</u>	<u>To</u>
<u>2</u>	<u>oil sand</u>	<u>451</u>	<u>453</u>	<u>v good</u>			
<u>2</u>	<u>oil sand</u>	<u>453</u>	<u>455</u>	<u>v good</u>			
<u>2</u>	<u>oil sand</u>	<u>455</u>	<u>457</u>	<u>v good</u>			
<u>2</u>	<u>oil sand</u>	<u>457</u>	<u>459</u>	<u>v good</u>			
<u>2</u>	<u>oil sand</u>	<u>459</u>	<u>461</u>	<u>v good</u>			
<u>2</u>	<u>oil sand</u>	<u>461</u>	<u>463</u>	<u>v good</u>			
<u>2</u>	<u>oil sand</u>	<u>463</u>	<u>465</u>	<u>good</u>			
<u>2</u>	<u>oil sand</u>	<u>465</u>	<u>467</u>	<u>good</u>			
<u>2</u>	<u>oil sand</u>	<u>467</u>	<u>469</u>	<u>good</u>			
<u>2</u>	<u>oil sand</u>	<u>469</u>	<u>471</u>	<u>good</u>			
<u>6</u>	<u>lime</u>	<u>471</u>	<u>477</u>				
<u>17</u>	<u>shale</u>	<u>477</u>	<u>494</u>				
<u>9</u>	<u>lime</u>	<u>494</u>	<u>503</u>				
<u>17</u>	<u>shale</u>	<u>503</u>	<u>520</u>				



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513

Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Jay Scott Emler, Commissioner

Laura Kelly, Governor

April 10, 2019

Josh Bauer
Bauer Oil Investment, LLC
4370 W 271ST ST
LOUISBURG, KS 66053-6219

Re: ACO-1
API 15-121-31522-00-00
MASCHLER 42
SE/4 Sec.07-17S-25E
Miami County, Kansas

Dear Josh Bauer:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 11/15/2018 and the ACO-1 was received on April 10, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department