

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

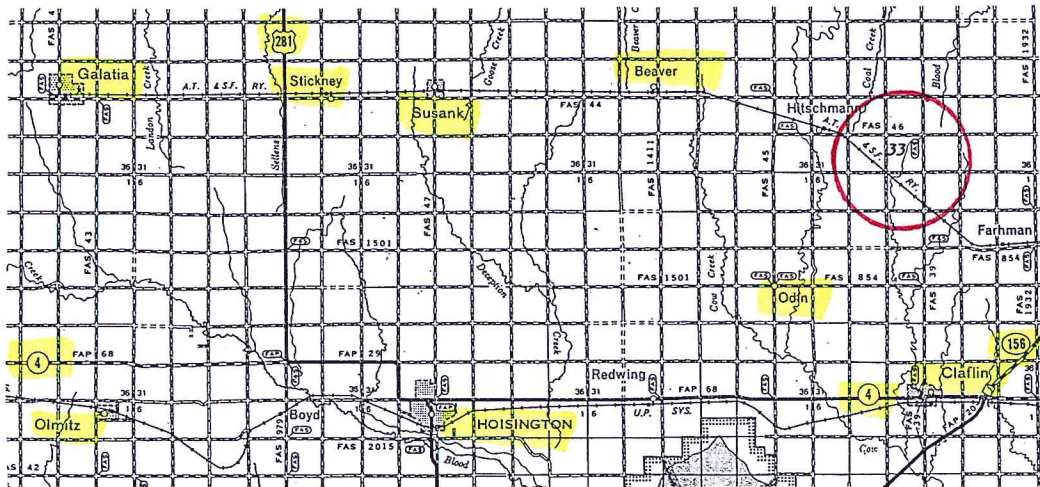
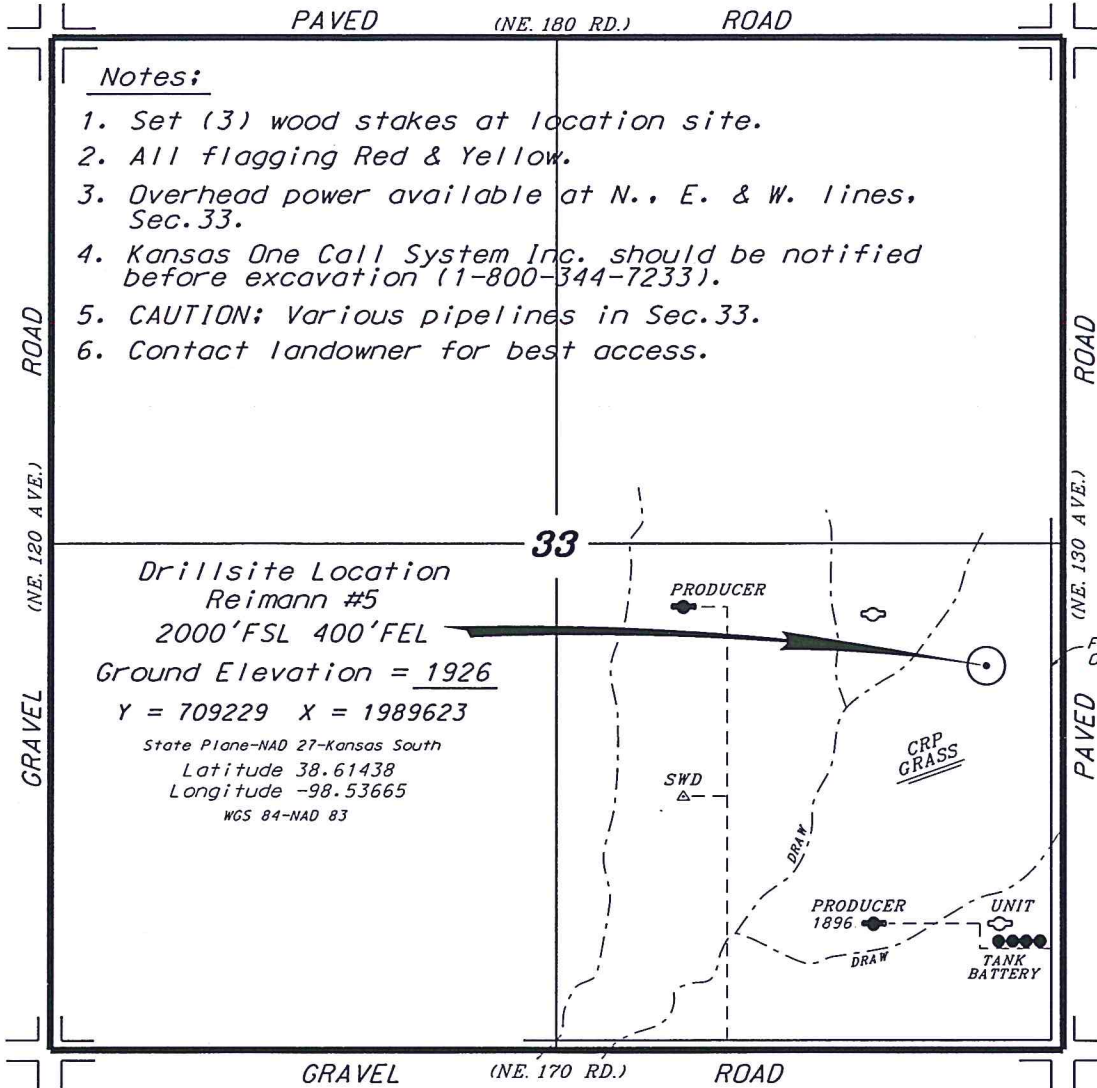
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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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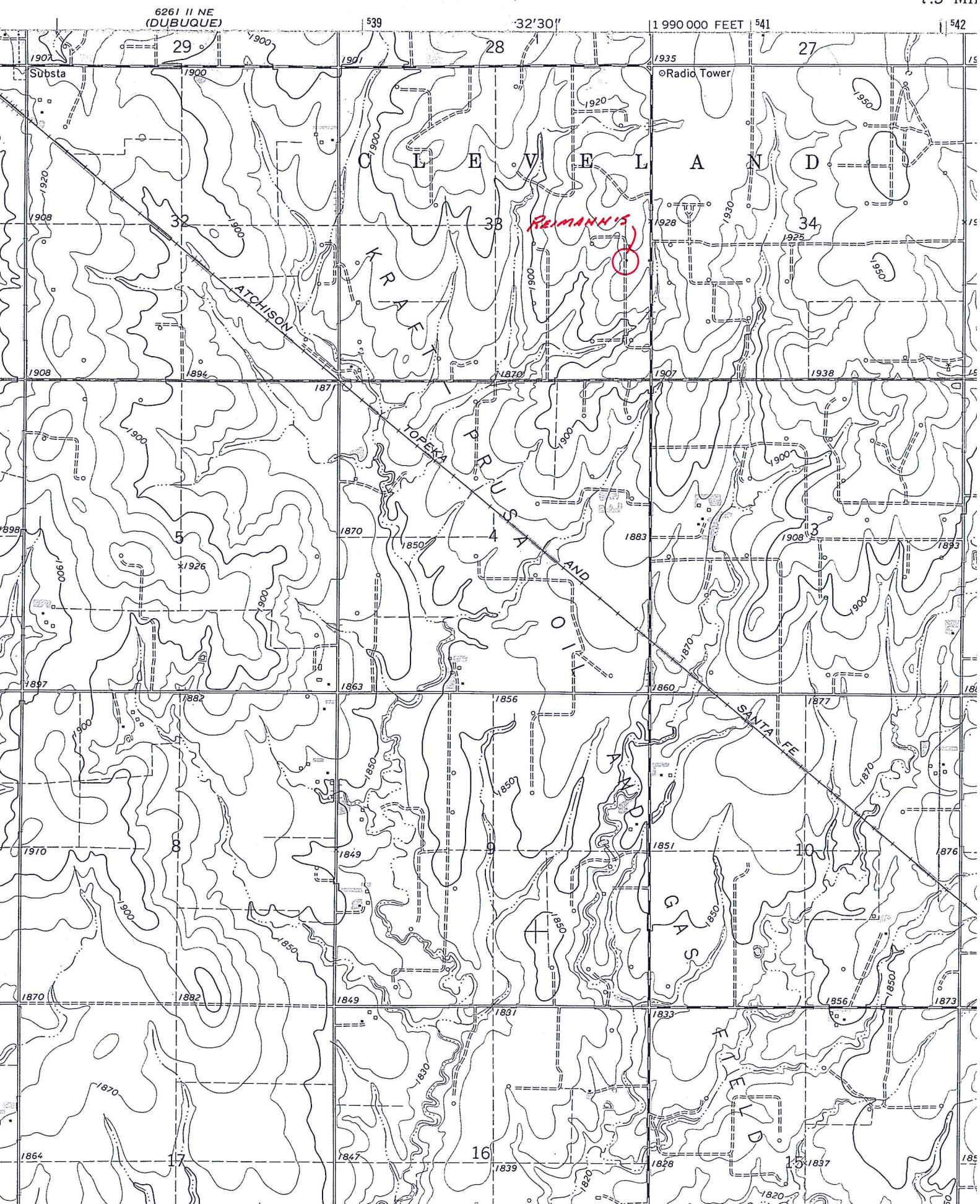
**C & K OPERATING, LLC
REIMANN LEASE
SE. 1/4, SECTION 33, T16S, R11W
BARTON COUNTY, KANSAS**

* Ingress and egress to location as shown on this plat is per usage only and may not be legally opened for public use. Contact landowner, tenant and county road department for access.



* Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.
* Approximate section lines were determined using the normal standard of care of oilfield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plat and all other parties relying thereon agree to hold Central Kansas Oilfield Services, Inc., its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.
* Elevations derived from National Geodetic Vertical Datum.

Date September 21, 2018



QUALITY WELL SERVICE, INC.

6986

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

*HW
C-1900*

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-26-13	33	16S	11W	Barton	Ks		
Lease <i>Cynthia Reimann</i>	Well No. <i>H5</i>		Location <i>CLAFFIN KI 7 N Winto</i>				
Contractor <i>WW Drlg</i>	<i>B.g #8</i>		Owner				
Type Job <i>SURFACE</i>	To Quality Well Service, Inc.					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 <i>12 1/4</i>	T.D. <i>337</i>		Charge To <i>C & K OPERATING LLC</i>				
Csg. <i>85/8</i>	Depth		Street				
Tbg. Size	Depth		City				
Tool	Depth		State				
Cement Left in Csg. <i>25'</i>	Shoe Joint <i>25'</i>		The above was done to satisfaction and supervision of owner agent or contractor.				
Meas Line	Displace <i>19.7 Bbl</i>		Cement Amount Ordered <i>225 se Common</i>				
EQUIPMENT			<i>2 1/2 FEL 3 1/2 CC 1/4" CF.</i>				
Pumptrk <i>B</i> No.	<i>JAKE</i>		Common <i>225</i>				
Bulktrk <i>4</i> No.	<i>TS</i>		Poz. Mix				
Bulktrk No.			Gel. <i>4</i>				
Pickup No.			Calcium <i>B</i>				
JOB SERVICES & REMARKS			Hulls				
Rat Hole			Salt				
Mouse Hole			Flowseal <i>56.25</i>				
Centralizers			Kol-Seal				
Baskets			Mud CLR 48				
D/V or Port Collar			CFL-117 or CD110 CAF 38				
<i>Run B H's 85/8 2 1/2" csg set to 335</i>			Sand				
<i>csg on bottom hook up to csg</i>			Handling <i>237</i>				
<i>Break pipe w/ Pump tel</i>			Mileage <i>40 / 9430</i>				
<i>Pump 10 Bbls H2O</i>			FLOAT EQUIPMENT				
<i>Mix Pump 225 se Common</i>			Guide Shoe				
<i>2 1/2 FEL 3 1/2 CC 1/4" CF</i>			Centralizer				
<i>START DISH</i>			Baskets				
<i>Pump 19.7 Bbl total</i>			AFU Inserts				
<i>Close valves on csg</i>			Float Shoe				
<i>Good circ thru TBG</i>			Latch Down				
<i>circ cut to P.F</i>			<i>SERVICE SUPERVISOR</i>				
			<i>LMV 40</i>				
			Pumptrk Charge <i>SURFACE</i>				
			Mileage <i>30</i>				
			Tax				
			Discount				
			Total Charge				
Signature <i>[Signature]</i>							

QUALITY WELL SERVICE, INC.

Inv. C-1907

6989

Federal Tax I.D. # 481187368

Home Office 30060 N. Hwy 281, Pratt, KS 67124

Mailing Address P.O. Box 468

Office 620-727-3410
Fax 620-672-3663

Rich's Cell 620-727-3409
Brady's Cell 620-727-6964

Date	Sec.	Twp.	Range	County	State	On Location	Finish
11-28-18	33	165	11W	Barton	Ks		
Lease Cynthia B. Finney		Well No. "5"		Location Clofflin Ks 7 N W. 1/4			
Contractor WLD Dalg # 8				Owner			
Type Job lost via				To Quality Well Service, Inc. 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 7 7/8		T.D. 1200'		Charge To C/K OPERATING LLC			
Csg.		Depth		Street			
Tbg. Size 4 1/2 O.P.		Depth		City			
Tool		Depth		State			
Cement Left in Csg.		Shoe Joint		The above was done to satisfaction and supervision of owner agent or contractor.			
Meas Line		Displace		Cement Amount Ordered 200% Common I.L.C.			
EQUIPMENT				4 1/2" CEL 10' Phos 15' Koseal			
Pumptrk 3	No.	75		Common 200			
Bulktrk 4	No.	Take		Poz. Mix			
Bulktrk	No.			Gel. 3			
Pickup	No.			Calcium 2			
JOB SERVICES & REMARKS				Hulls			
Rat Hole				Salt PLASTER 38			
Mouse Hole				Flowseal			
Centralizers				Kol-Seal 40			
Baskets				Mud CLR 48			
D/V or Port Collar				CFL-117 or CD110 CAF 38			
Rig Run - OPENED DP to 1200'				Sand			
Pump 20 Bbl/min				Handling 233			
Mix! Pump 75 1/2 Thico top c @ 14.8 1/2 gal				Mileage 40			
Disp H2O				FLOAT EQUIPMENT			
SHUT DOWN WOC 2:00 PM				Guide Shoe			
6:00 PM TBG @ 1170' +/-				Centralizer			
7:30 Pump 20 Bbl/min				Baskets			
Mix! Pump 75 1/2 Thico top c @ 14.8 1/2 gal				AFU Inserts			
Disp H2O				Float Shoe add this 6 NO CHARGE			
SHUT DOWN WOC 8:00				Latch-Down add this 4 charge			
12:15 Tag CRT @ 1116' +/-				SERVICE SUPERVISOR			
Pump mud circ hole				1 MI 40			
Mix! Pump 50 1/2 Thico top c @ 14.8 1/2 gal				Pumptrk Charge			
Disp H2O				Mileage 30			
Good circ thru JOB				Tax			
Thank you please call again 75 TAKE							
Signature Scott Pineda				Discount			
				Total Charge			



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 12, 2019

Jim Kraft
C & K Operating LLC
413 S. MAIN
PRATT, KS 67124

Re: ACO-1
API 15-009-26235-00-00
CYNTHIA REIMANN 5
SE/4 Sec.33-16S-11W
Barton County, Kansas

Dear Jim Kraft:

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 11/24/2018 and the ACO-1 was received on April 12, 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