

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

11996
11877

TICKET NUMBER 55524
LOCATION Ottawa, KS
FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

Invoice #814543

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11/8/18	70109	Chambers # 10	SE 19	110	21	FR
CUSTOMER Kevsch Oil Well						
MAILING ADDRESS PO Box 520						
CITY Ottawa		STATE KS	ZIP CODE 66067			
TRUCK #		DRIVER		TRUCK #		DRIVER
729		Caskan		Safety Meeting		
467		KeiCar				
558		HarBer				
675		Kei Det				

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 775' CASING SIZE & WEIGHT 2 3/4" EUE
CASING DEPTH 770' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.46 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

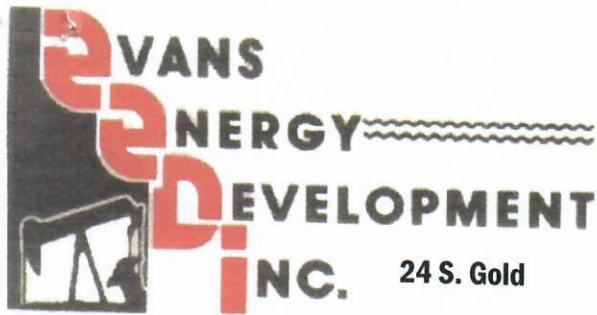
REMARKS: held safety meeting, established circulation, mixed & pumped 200# Gel followed by 5 bbls fresh water, mixed & pumped 106 stks Portland IA cement w/ 2% gel per st, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.46 bbls fresh water, pressured to 800 PSI, released pressure to set float valve.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500.00	
CE0002	15 mi	MILEAGE	107.25	
CE0711	min	ton mileage	660.00	
WE0853	2 hrs	80 Uac	200.00	
		trucks	2467.25	
		-40%	986.90	
		Subtotal		1480.35
CCS840	106 stks	Portland IA cement	1431.00	
CCS965	378	Gel	113.40	
CP8176	1	2 1/2" rubber plug	45.00	
		materials	1589.40	
		-40%	635.76	
		Subtotal		953.64
SCANNED				
		8%	SALES TAX	76.29
			ESTIMATED TOTAL	2510.28

AUTHORIZATION Bob Brown TITLE _____ DATE _____
ESTIMATED TOTAL 2510.28
TOTAL (4183.80)

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.



24 S. Gold

Paola, KS 66071

**Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation**

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG

Reusch Well Services, Inc.

Chambers #10

API#15-059-27,203

November 6 - November 8, 2015

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
12	soil & clay	12
4	lime	16
6	shale	22
14	lime	36
7	shale	43
12	lime	55
5	shale	60
16	lime	76
9	shale	85 redbed
2	lime	87
18	shale	105
6	sandstone	111 grey
17	lime	128
7	shale	135
14	sandstone	149 hard grey sandstone, laminated with shale, making water
66	shale	215
17	lime	232
1	shale	233
2	lime	235
9	shale	244
7	limey sandstone	251
11	shale	262
6	lime	268
32	shale	300
9	lime	309
22	shale	331
23	lime	354 brown
8	shale	362
24	lime	386
4	shale	390
5	lime	395
2	shale	397
5	lime	402 base of the Kansas City
145	shale	547
3	lime	550
4	shale	554
7	lime	561
4	shale	565
5	lime	570

29	shale	599
1	coal	600
5	shale	605
11	lime	616
11	shale	627
3	lime	630
3	shale	633
1	coal	634
5	shale	639
6	lime	645
6	shale	651
2	lime	653
6	shale	659
5	lime	664 brown lime soft good oil show
1	lime	665 brown, no oil
5	shale	670
3	limey sand	673
2	broken sand	675 75% brown sand 25% shale good bleeding, gassy
3	oil sand	678 brown, good bleeding
3.5	broken sand	681.5 50% brown sand 50% shale laminations ok bleeding
1.5	silty shale	683
33	shale	716
1	lime & shells	717
8	shale	725
1	lime & shells	726
3	shale	729
1.25	oil sand	730.25 brown sand, good bleeding
0.5	lime	730.75
0.75	oil sand	731.5
1.5	broken sand	733 20% badly broken sand, 80% laminated shale, minnamal bleeding
37	shale	770 TD

Drilled a 9 7/8" hole to 22.5'

Drilled a 5 5/8" hole to 770'

Set 22.5' of 7" surface casing cemented with 5 sacks of cement

Set 755' of used 2 7/8" 8 round upset tubing, 3 centralizers, 1 float shoe, 1 clamp, and 1 baffle..
Baffle set at 723.5'

Core Times					
	<u>Minutes</u>	<u>Seconds</u>			
673		53	729		57
674		46	730	1	13
675		52	731		37
676		38	732		34
677		38	733		42
678		50	734		41
679		46	735		41
680		47	736		41
681		49	737		53
682		42	738		41
683		41	739		42
684		42	740		40
685		23	741		34
686		50	742		33
687		45	743		57
688		48	744	1	2
689		51	745		56
690		38	746		55
691		44	747		53
692		26	748		22