

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

12066
11950

TICKET NUMBER 55486
LOCATION Ottawa, KS
FOREMAN Jim Green
Invoice # 814616

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-19-18	7069	Compton #6	NE 36	16	21	MI
CUSTOMER Reusch Well Service						
MAILING ADDRESS PO Box 520						
CITY Ottawa		STATE KS	ZIP CODE 66067			
TRUCK #	DRIVER	TRUCK #	DRIVER			
669	Jim Green					
495	Har Bell					
675	Ken Doy					
548	Ala mad					

JOB TYPE Logstring HOLE SIZE 5 7/8" HOLE DEPTH 731' CASING SIZE & WEIGHT 2 7/8"
CASING DEPTH 692' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

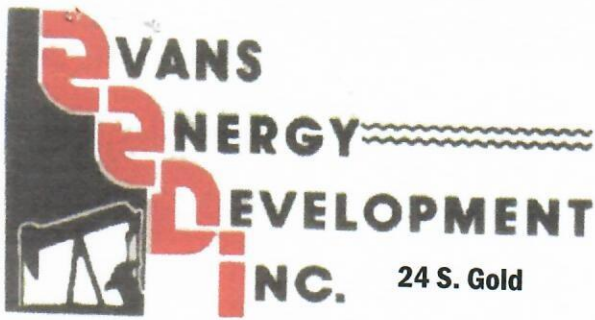
REMARKS: Held safety meeting. Establish circulation mix and pump 100# gel to flush hole. Mix and pump 945k Poz-Blend IA with 2% gel. Circulated cement to surface. Flush pump clear of cement. Pump 2 7/8" rubber plug to total depth of casing. Pressur up to 800# PSI. well held, set float.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	1500 ⁰⁰	
CE0002	20	MILEAGE Cement Pump	143 ⁰⁰	
CE0711	1	Ten Mileage	660 ⁰⁰	
WE0853	2 HRS	Val TK	200 ⁰⁰	
		Sub Total	2503 ⁰⁰	
		- Less -40%	1001.20	
		Total		1501.80
CC5840	94 sk	Poz-Blend IA	1269 ⁰⁰	
CC5965	258"	Gel	77.40	
CP8176	1	2 7/8" Rubber Plug	45 ⁰⁰	
		Sub Total	1391.40	
		- Less -40%	556.56	
		Total		834.84
		8%		
		SALES TAX		66.78
		ESTIMATED TOTAL		2403.42

SCANNED

AUTHORIZATION Bob TITLE Jim Green DATE (3005.71)
Ravin 3737

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 Service, Inc.

Compton #6

API #15-121-31,536

November 16 - November 19, 2018

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
8	lime	8
5	shale	13
13	lime	26
10	shale	36
16	lime	52
27	shale	79
14	lime	93
24	shale	117
1	lime	118
74	shale	192
16	lime	208
11	shale	219
3	lime	222
19	shale	241
5	lime	246
23	shale	269
17	lime	286
14	shale	300
27	lime	327
11	shale	338
20	lime	358 oil show
2	shale	360
7	lime	367
2	shale	369
4	lime	373 base of the Kansas City
24	shale	397
12	sand	409 broken grey sand & shale, gassy
71	shale	480
11	broken sand	491 shale & grey sand, no odor
42	shale	533
3	lime	536 grey sand & shale, light oil show
6	shale	542
7	lime	549
7	shale	556
6	lime	562
13	shale	575
1	coal	576
4	shale	580
8	lime	588

4.5	oil sand	592.5	soft brown sand, good bleeding, few ery thin lime streaks
2.5	limey sand	595	brown & white, hard, good bleeding
10	shale	605	
3	lime	608	
19	shale	627	
2	lime	629	
13	shale	642	
4	lime	646	brown, no oil
9	shale	655	
1	lime	656	
5	shale	661	
1	lime	662	
1	silty shale	663	
2.5	broken sand	665.5	badly broken, lots of laminated shale, minimal bleeding
0.5	lime	666	
1.5	limey silty shale	667.5	
2.5	oil sand	670	brown sand, ok bleeding, gassy
1	oil sand	671	50% brown sand, vertical fracture 50% lime, ok bleeding
8	broken sand	679	20% brown sand, minimal show 80% shale
10	silty shale	689	
24	shale	713	TD

Drilled a 9 7/8" hole to 21.5'

Drilled a 5 5/8" hole to 713'

Set 21.5' of 7" casing cemented with 5 sacks of cement.

Set 696' of used 2 7/8" 8 round upset tubing with 3 centralizers, 1 float shoe, 1 clamp and 1 seating nipple.
Seating Nipple at 631'

	<u>Minutes</u>	<u>Seconds</u>
588	1	0
589	1	1
590		44
591		47
592	1	13
593	1	54
594	1	39
595	1	0
596	1	5
597		49
598		48
599	1	0
600		55
601		53
602		49
603		47
604	1	4
605	3	15

	<u>Minutes</u>	<u>Seconds</u>
663		46
664		39
665	1	5
666	1	8
667	1	8
668		28
669		35
670	1	43
671	1	20
672		33
673		35
674		44
675		48
676		49
677		42
678		40
679		37
680		36
681		44
682		44