

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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Customer DIXON OPERATING COMPANY	Lease No.	Date 1-17-19
Lease THOMAS - FUSYTH	Well # 18	
Field Order # 17000	Station Pratt	Casing 5/8"
		Depth RTO 4824 LTD 4824
Type Job 2-42 5/8" LONG STAG	Formation	County BAIRD
		State KS
		Legal Description 29-323-12W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5/8"	Tubing Size	Shots/Ft		Acid	175 SK. AA-2	RATE	PRESS	ISIP
Depth 4824	Depth	From	To	Pre Pad	75 SK. 60/100 PPT	Max	4% 30	5 Min.
Volume 112	Volume	From	To	Pad		Min		10 Min.
Max Press 1400	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 2793.945	Packer Depth	From	To	Flush	111.5	Gas Volume		Total Load

Customer Representative TJ DIXON	Station Manager WESTERMAN	Treater MATTAL
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Service Units	83333	84980	20920	5495	19915			
Driver Names	MATAI	MATAI	WREZ	McGraw				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
6:35					ON LOCATION / STARTING MATTAL
9:30					Run 5/8" casing 2115' shoe to
1:45					Bottom top of #2 tube 4,5,6,8,10,11,13,14,16
2:10					casing on bottom
4:09	300		3	5	Hook to casing / Break on n. Ray / 200'
4:11	300		6	5	Pump 3 bbl water
4:13	200		4.5	5.25	Mix 25 SK. SCAMMER
4:21	-		4	3	Mix 175 SK. AA-2
4:26	100		-	6	WASH Pumps out / Deep Plug
4:39	300			6	Start displacement
4:49	700			3	Line Pressure
4:47	6500		111.5		slow rate / start
5:00			7/5		Plug down / released + held
					Plug rat + mouse hole
					circulation thru job
					JOB COMPLETE
					THANK YOU!
					MIC MATTAL
					EDWARDS MIC

WELL FILE
 Drilling
 Geological
 State Federal Regulatory
 Correspondence
 Operations
 Completion



BASIC
ENERGY SERVICES

Liberal Yard #1717 - Phone 620-624-2277 - 1700 S. Country
Estates Road, Liberal KS 67901

PRESSURE PUMPING Job Log

Customer:	Dixon Operating Company	Cement Pump No.:	38119-19570 6 HRS	Operator TRK No.:	96815
Address:		Ticket #:	1718-17260 L	Bulk TRK No.:	19827-19808
City, State, Zip:		Job Type:	Z42- Cement Surface Casing		
Service District:		Well Type:	OIL		
Well Name and No.:	Thomas-Forsyth #18	Well Location:	29,32,12	County:	Barber
				State:	Ks

Type of Cmt	Sacks	Additives		Truck Loaded On		
PREMIUM	220	2%CaCl, 1/4#POLYFLAKE		19827-19808	Front Back	
					Front Back	
					Front Back	
Lead/Tail:	Weight #1 Gal.	Cu/Ft/sk	Water Requirements	CU. FT.	Man Hours / Personnel	
Lead:	14.8#	1.34	6.33	294.8	Man Hours: 32	
Tail:					# of Men on Job: 3	
Time (am/pm)	(BPM)	Volume (BBLS)	Pumps		Pressure(PSI) Tubing Casing	Description of Operation and Materials
			T	C		
18:00						ON LOC, SAFTEY MTG, R.U.
11:22	5.2				170	START MIXING @ 14.8#
11:35 AM	4.3	53			60	START DISPLACEMENT
11:39 AM	2.3	10			80	SLOW RATE
11:43 AM		18			80	SHUT DOWN, SHUT IN WELL
						RELEASE PSI
						JOB COMPLETE
						THANK YOU FOR YOUR BUSINESS!!!

WELL FILE
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Size Hole	12 1/4	Depth	310'		TYPE	
Size & Wt. Csg.	8 5/8	Depth	310'	New / Used	Packer	Depth
tbg.		Depth			Retainer	Depth
Top Plugs		Type			Perfs	CIBP
Customer Signature:				Basic Representative:	CHAD HINZ	
				Basic Signature:		
				Date of Service:	1/5/2019	

OPERATOR
 Dixon Operatin Company, LLC
 8100 E 22nd St N
 #300
 Wichita, KS 67226

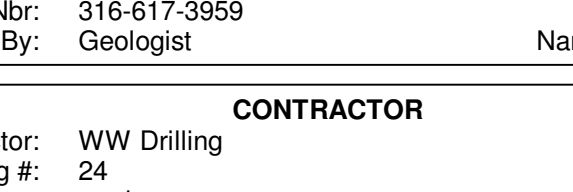
Contact Geologist: #18 Thomas Forsyth
 Contact Phone Nbr: Section 29-32S-12W
 Well Name: Pool: API: 15-007-24343
 Location: Medicine Lodge North
 State: Kansas Country: USA

Scale 1:240 Imperial

Well Name: #18 Thomas Forsyth
 Surface Location: Section 29-32S-12W
 Bottom Location: API: 15-007-24343
 License Number:
 Spud Dates: 1/5/2019 Time: 3:00 PM
 Region: Barber County
 Drilling Completed: 1/16/2019 Time: 3:30 AM
 Surface Coordinates: 4950' FSL & 660' FEL
 Bottom Hole Coordinates:
 Ground Elevation: 1603.00ft
 K.B. Elevation: 1613.00ft To: 4820.00ft
 Logged Interval: 3400.00ft
 Total Depth: 4820.00ft
 Formation:
 Drilling Fluid Type: Chemical (MudCo)

SURFACE CO-ORDINATES

Well Type: Vertical
 Longitude: 4950' FSL
 N/S Co-ord: 660' FEL
 E/W Co-ord:



Company: TerraTech Energy Service LLC.
 Address: 1632 S. West St. Suite 12
 Wichita, KS 67206
 Phone Nbr: 316-617-3959
 Logged By: Geologist Name: Bruce Reed

CONTRACTOR

Rig #: WW Drilling
 Rig #24
 Type: mud rotary
 Spud Date: 1/5/2019 Time: 3:00 PM
 TD Date: 1/16/2019 Time: 3:30 AM
 Rig Release: 1/17/2019 Time: 10:00 PM

ELEVATIONS

K.B. Elevation: 1613.00ft Ground Elevation: 1603.00ft
 K.B. to Ground: 10.00ft

NOTES

Surface Casing: 8-5/8" at 308'
 Production Casing: 5-1/2" at 4802'
 Daily Penetration: 01/05/19 Spud @ 3:00 PM
 01/06/19 310'
 01/07/19 1023'
 01/08/19 1023' Rotary table repairs
 01/09/19 1425'
 01/10/19 2084'
 01/11/19 2552' Stuck
 01/12/19 2900'
 01/13/19 3581'
 01/14/19 4130'
 01/15/19 4530'
 01/16/19 4820' RTD @ 3:30 AM
 01/17/19 4820' Rig released @ 10:00 PM

FORMATION TOPS

Formation	Sample Top	Datum	Log Top	Datum	Comparison*
Heebner	3673'	-2060	3675'	-2062	+9
Lansing	3872'	-2259	3883'	-2270	-3
Stark	4246'	-2633	4248'	-2635	+2
Mississippian	4412'	-2799	4412'	-2799	+5
Kinderhook	4590'	-2977	4592'	-2979	+2
Woodford	4652'	-3039	4657'	-3044	+3
Viola	4688'	-3075	4692'	-3079	+4
Simpson	4799'	-3186	NL	NL	
Simpson Sand	4812'	-3199	NL	NL	

*Graves Drilling Co., #10 Thomas Forsyth, Section 29-32S-12W, Barber County, Kansas

ROCK TYPES

Cht Dolomitic
 Lmst tan-7- shale, gry
 Carbon Sh
 Ss

ACCESSORIES

MINERAL
 Dolomitic
 Sandy
 Chert White
 Argillaceous/Shale

OTHER SYMBOLS

Oil Show
 Good Show
 Fair Show
 Poor Show
 Spotted or Trace
 Questionable Strn
 Dead Oil Strn
 Fluorescence
 Gas
 DST Int
 DST alt
 Core
 Tail pipe



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
Susan K. Duffy, Commissioner

Laura Kelly, Governor

May 17, 2019

TJ Dixon
Dixon Operating Company, LLC
8100 E. 22ND ST N BLDG 300, SUITE 200
WICHITA, KS 67226-2302

Re: ACO-1
API 15-007-24343-00-00
THOMAS FORSYTH 18
NE/4 Sec.29-32S-12W
Barber County, Kansas

Dear TJ Dixon:

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 1/6/2019 and the ACO-1 was received on May 17, 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